IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

May 23, 2014

Scott Doughton, Administrator
Emeritus at Coeur d' Alene
205 East Anton Avenue
Coeur d'Alene, Idaho 83814

Provider ID: RC-771

Mr. Doughton:

On April 18, 2014, a state licensure/follow-up survey and complaint investigation were conducted at Emeritus at Coeur d' Alene. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted plan of correction and evidence of resolution are being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Matt Hauser, QMRP, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MATT HAUSER, QMRP
Team Leader
Health Facility Surveyor

MH/sc

cc: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program

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FAX: 208-364-1888

May 5, 2014

CERTIFIED MAIL #: 7007 3020 0001 4050 8395

Scott Doughton
Emeritus at Coeur d' Alene
205 East Anton Avenue
Coeur d'Alene, Idaho 83814

Mr. Doughton:

Based on the state licensure/follow-up survey and complaint investigation conducted by Department staff at Emeritus at Coeur d' Alene between April 14, 2014 and April 18, 2014, it has been determined that the facility failed to protect residents from inadequate care.

This core issue deficiency substantially limits the capacity of Emeritus at Coeur d' Alene to furnish services of an adequate level or quality to ensure that residents' health and safety are protected. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **June 2, 2014.** **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- By what date will the corrective action(s) be completed?

Return the **signed** and **dated** Plan of Correction to us by **May 18, 2014,** and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with IDAPA 16.03.22.003.02, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Care Program for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the Statement of Deficiencies. See the IDR policy and directions on our website at www.assistedliving.dhw.idaho.gov. If your request for informal dispute resolution is not received within the appropriate time-frame, your request will not be granted.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. Your evidence of resolution (e.g., receipts, pictures, policy updates, etc.) for each of the non-core issue deficiencies is to be submitted to this office by **May 18, 2014**.

If, at the follow-up survey, the core deficiency still exists or a new core deficiency is identified, the Department will have no alternative but to initiate an enforcement action against the license held by Emeritus at Coeur d' Alene.

Enforcement actions may include:

- imposition of civil monetary penalties;
- issuance of a provisional license;
- limitation on admission to the facility;
- requirement that the facility hire a consultant who submits periodic reports to Licensing and Certification.

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 364-1962 and ask for the Residential Assisted Living Facility program. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/sc

:esidential Care/Assisted Living

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	13R771		04/18/2014

AME OF PROVIDER OR SUPPLIER: MERITUS AT COEUR D' ALENE

STREET ADDRESS, CITY, STATE, ZIP CODE: 205 EAST ANTON AVENUE, COEUR D'ALENE, ID 83814

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments The following core deficiency was cited during the licensure, follow-up and complaint investigation survey conducted between April 14, 2014 and April 18, 2014 at your residential care/assisted living facility. The surveyors conducting the survey were: Matt Hauser, QMRP Team Leader Health Facility Surveyor Rae Jean McPhillips, RN, BSN Health Facility Surveyor Rachel Corey, RN, BSN Health Facility Surveyor Abbreviations and Definitions: @ = at ADLs = activities of daily living AV = arteriovenous (between an artery and a vein) AV fistula = a shunt which is used for hemodialysis and is a direct connection of an artery to a vein. BS = Blood sugar CNA = certified nursing assistant FA = forearm L = left LN = licensed nurse LPN = Licensed Practical Nurse MAR = medication assistance record MD = Doctor of Medicine NSA = Negotiated Service Agreement Res = resident	R 000	**Emeritus at Coeur D'Alene** **State Survey Plan of Correction** *The following is Emeritus at Coeur D'Alene Plan of Correction to the Department of Health and Welfare of Deficiencies dated April 18, 2014 and received at the community via certified mail on May 5, 2014. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions outlined in the Statement of Deficiencies. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or findings. We have not presented all contrary factual or legal arguments, nor have we identified all mitigation factors.*	

au of Facility Standards
)RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	13R771		04/18/2014

NAME OF PROVIDER OR SUPPLIER: EMERITUS AT COEUR D' ALENE

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R 000	Continued From page 1 RN = Registered nurse Renal Diet = Dietary modifications may include the regulation of protein, phosphorus, sodium, potassium and fluid.	R 000	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.	
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based on observation, record review and interview, it was determined the facility did not provide adequate care to 2 of 12 sampled residents (Resident #2 & #3). The facility retained Resident #3 who had and AV shunt inserted. The facility did not provide the necessary oversight of Resident #3's sliding scale insulin. Additionally, the facility did not provide supervision to ensure Resident #3's dietary needs and Resident #2's bathing needs were met. The findings include: I. Admission and Retention IDAPA rule 16.03.22.152.05.b states that "No resident will be admitted or retained who requires ongoing skilled nursing care not within the legally licensed authority of the facility. Such residents include:" b.i. A resident who has an arterial-venous (AV) shunt inserted within the previous 21 days. Resident #3's record documented he was a 77 year-old male admitted to the facility on 8/12/13, with diagnoses including diabetes, renal failure	R 008	1. IDAPA 16.03.22.152.05. Policies of Acceptable Admissions, documents: "No resident will be admitted or retained who requires ongoing skilled nursing care not within the legally licensed authority of the facility. b.i. A resident who has an arterial-venous (AV) shunt inserted within the previous 21 days. **I. Corrective Action:** Resident #3's AV shunt has been evaluated by the RN and the site is stable at this time. The Physician has been notified of the current status and assessment of the AV shunt. The Resident Care Director and LN have been in-serviced on Idaho regulations, specific to retaining residents with AV shunts. A quick reference guide for Idaho regulations was developed and made available to staff for guidance when assessing the needs for residents.	

Residential Care/Assisted Living

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NAME OF PROVIDER OR SUPPLIER: EMERITUS AT COEUR D' ALENE

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R 008	Continued From page 3 days after an AV shunt was inserted prior to readmitting a resident. On 4/17/14 at 10:45 AM, the oversight RN stated, "I have nothing to do with admissions," and confirmed she was unaware the facility did not wait 21 days after the AV fistula insertion. The facility admitted and retained Resident #3 after an insertion of an AV fistula on 8/26/13 and again on 11/13/13. II. Assistance and Monitoring of Medications IDAPA 16.03.22.011.08 defines inadequate care as "When the facility fails to provide...assistance and monitoring of medications..." On 4/14/14 at 10:00 AM, Resident #3 was interviewed. He stated he was on sliding scale insulin, was independent with the injection and "I know the scale." He stated staff observed him take his insulin to ensure the correct dosage. Resident #3's NSA, dated 10/31/13, documented, "staff to supervise medication treatments per MD orders, notify LN if out of parameters..." Orders, dated 10/15/13 and 4/7/14, documented Resident #3 was to receive Humalog insulin according to the following sliding scale: 141-180 = 2 units 181-220 = 4 units 221-259 = 4 units 260-299 = 5 units 300 or more = 6 units There was no documentation in the record indicating the facility RN had evaluated Resident	R 008	**II. How to Identify Other Residents:** Recent resident admissions and readmissions to the community have been audited by the Administrator and Resident Care Director. This audit included a review of the Negotiated Service Agreement and the RN 90 day evaluation to support the care and services documented were incompliance with IDAPA 16.03.22.152.05. **III. Systemic Change:** Residents who are admitted to the community will be reviewed by the Resident Care Director and the Administrator before admittance to support the results of the pre move in assessment is in compliance with reference to IDAPA 16.03.22.152.05. **IV. Monitoring:** The Administrator and/or Resident Care Director will review a detailed pre-move in assessment prior to admittance to the community to support the community can offer the appropriate care and services described in IDAPA 16.03.22.152.05. **V. Date of Completion:** This Plan of Correction will be completed on or before: June 9, 2014	

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
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R 008	Continued From page 2 and Barrettes esophagus. On 4/14/14 at 10:00 AM, Resident #3 was interviewed. He stated he went to dialysis three times a week and recieved dialysis "through his left arm." A service note, dated 8/21/13, documented the resident was admitted to a local hospital's intensive care unit and was on dialysis. A service note, dated 8/26/13, documented the resident was admitted back to the facility. The note documented, "Res had an AV fistula in place on left side." The facility readmitted Resident #3 who had an AV shunt inserted without waiting 21 days. A "Surgical Pre-test form" documented Resident #3 was scheduled for another AV fistula insertion on 11/13/13. Discharge instructions, dated 11/13/13, documented the AV shunt insertion was completed. A temporary care plan, dated 11/13/13, documented "had shunt placed in L arm." A service note, dated 11/17/13, documented, "checked on resident L FA new dialysis port..." A nursing assessment, dated 11/22/13, documented the resident had a "New dialysis shunt." A second readmission occurred after an AV shunt was placed without waiting the required 21 days. On 4/15/14 at 3:55 PM, the administrator stated she was not aware that the facility had to wait 21	R 008	2. IDAPA 16.03.22.011.08: Assistance and Monitoring of Medications. When a facility fails to provide the services required to meet the terms of the Negotiated Service Agreement, or provide for room, board, activities of daily living, supervision, first aid, assistance and monitoring of medications, emergency intervention, coordination of outside services, a safe living environment, or engages in violations of resident rights or takes residents who have been admitted in violation of the provisions of Section 39-3307, Idaho Code.	

Residential Care/Assisted Living

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R 008	Continued From page 4 #3's ability to interpret the sliding scale or self-inject the insulin. The February 2014 MAR documented incorrect Humalog dosages, including but not limited to the following: *2/8 @ 7 AM: BS = 193; 8 units given (4 units were prescribed). *2/14 @7 AM: BS = 271; 8 units given (5 units were prescribed) * 2/7 @ 11 AM: BS = 277; 8 units given (5 units were prescribed) *2/6 @ 4 PM: BS = 325; 7 units given (6 units were prescribed) *2/7 @4 PM: BS = 180; 5 units given (2 units were prescribed) *2/8 @4 PM: BS = 309; 7 units given (6 units were prescribed) *2/9 @ 4 PM: BS = 225; 7 units given (4 units were prescribed) *2/11 @ 4 PM: BS = 283; 6 units given (5 units were prescribed) *2/19 @ 4 PM: BS = 346; 8 units given (6 units were prescribed) *2/24 @ 4 PM: BS = 287; 8 units given (5 units were prescribed) The March 2014 MAR documented incorrect Humalog dosages, including but not limited to the following: *3/1 @ 7 AM: BS = 607; 9 units given (6 units were prescribed) *3/21 @ 11 AM: BS = 585; 9 units given (6 units were prescribed) The March 2014 MAR documented every day at 4:00 PM, the resident was assisted with too much insulin; the biggest discrepancies occurred on the	R 008	**I. Corrective Action:** Resident #3 has been evaluated by an RN and a self-medication assessment has been completed. The resident's Physician was notified regarding the resident's history of refusal of current sliding scale orders and a clarification was requested for current orders. Resident was educated on current physician orders, including sliding scale insulin orders and a copy of the current sliding scale was provided to the resident to reference. A shared service agreement was completed with the resident explaining the risks associated with refusing or not following the physician's current medication orders. Staff was re-educated regarding current sliding scale orders. NSA was updated to reflect these changes and the current care needs of the resident. **II. How to Identify Other Residents:** The Resident Care Director and Administrator have completed an audit of resident MAR's to identify residents who have refused medications. For those who have refused recently, documentation was audited to support proper notification and documentation of the reason for the refusal was completed as required. In addition, the Resident Care Director and Administrator have audited community MAR's to support compliance with Assistance and Monitoring of Medications for residents receiving medication assistance. Those residents receiving medication assistance had their current physician orders reviewed and their Negotiated Service Plans reviewed and updated as needed during this audit.	

Residential Care/Assisted Living

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R 008	Continued From page 5 following days: *3/1: BS = 414; 13 units given (6 units were prescribed) *3/2: BS = 600; 16 units given (6 units were prescribed) *3/7: BS = 305; 10 units given (6 units were prescribed) *3/26: BS = 363; 11 units given (6 units were prescribed) The April 2014 MAR documented the resident received too much Humalog insulin at 4:00 PM every day from 4/1 through 4/14; the biggest discrepancies occurred on the following days: 4/4: BS = 332; 11 units given (6 units were prescribed) 4/5: BS = 297; 9 units given (5 units were prescribed) On 4/15/14 at 2:45 PM, the Wellness Coordinator (a CNA) stated Resident #3 had a paper in his room to direct him what dosage to take and staff would double check. She stated she was unaware that he was taking more insulin than prescribed on some occasions. She further stated, "they may be adding the Novolog and Humalog insulin together. I thought they were the same thing." On 4/15/14 at 2:47 PM, a medication aide stated, "sometimes he wants more insulin; he is totally with it." On 4/15/14 at 2:55 PM, the LPN stated she was unaware that Resident #3 was taking the incorrect amount of insulin on some occasions. She stated she was supposed to review MARs for accuracy, but had not reviewed the details of his	R 008	**III. Systemic Change:** The Resident Care Director and LN will consistently audit resident MAR's to support the community's policies and procedures for Assistance and Monitoring of Medications is being followed and is consistent with the resident's Negotiated Service Agreement. The facility conducted an in-service hosted by Omnicare pharmacy to review proper medication assistance and documentation. Additionally, individual training and competency checklists were completed with all staff that assist with medications. **IV. Monitoring:** The Resident Care Director and/or Administrator will consistently audit resident Negotiated Service Agreements and resident MAR's to support compliance with Assistance and Monitoring of Medications within the community. **V. Date of Completion:** This Plan of Correction will be completed on or before: June 9, 2014	

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
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R 008	Continued From page 6 medication assistance record. On 4/15/14 at 4:00 PM, the administrator stated she was unaware Resident #3 was not taking the prescribed dosage of sliding scale insulin. She further stated, "He should be given what the doctor is ordering. Really a nurse should be managing the sliding scale." On 4/16/15 at 9:45 AM, a medication aide stated, "Sometimes he wants to take more. He gets mad if you tell him what the doctor's order is." On 4/17/14 at 10:45 AM, the RN oversight stated she was unaware that Resident #3 was taking the incorrect insulin and had not reviewed the MARs for accuracy. The facility did not provide the necessary oversight to ensure Resident #3 was taking the correct amount of insulin. III. Supervision IDAPA 16.03.22.012.25 defines Supervision, as "a critical watching and directing activity, which provides protection...and assistance with activities of daily living. The administrator is responsible for providing appropriate supervision based on each resident's Negotiated Service Agreement or other legal requirements." A. Supervision of Dietary needs Resident #3's record documented he was a 77 year-old male admitted to the facility on 8/12/13, with diagnoses including diabetes, renal failure and Barrettes esophagus. Resident #3's record documented he was	R 008	3. IDAPA 16.03.22.012.25 Supervision of Dietary Needs and ADLS: ..a critical watching and directing activity, which provides protection..and assistance with activities of daily living. The administrator is responsible for providing appropriate supervision based on resident's Negotiated Service Agreement or other legal requirements. **I. Corrective Action:** Resident #3's dietary orders were reviewed by the RN and a physician clarification of current orders was received. A swallow evaluation was requested and completed for the resident. A new diet communication form was completed and distributed to the dining department. Community staff were re-educated regarding the resident's current dietary orders on. The resident's NSA was updated with the current diet and plan of care. Resident #2 is no longer at community	

Residential Care/Assisted Living

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R 008	Continued From page 7 admitted to a long-term care facility from 8/2013 through 10/24/13, then was re-admitted to the facility. A speech therapy progress note, dated 10/6/13, from the long term care facility, documented "client demonstrates little carryover of safe swallow skills and little recognition of unsafe textures for liquids and solids." On 4/14/14 at 10:00 AM, Resident #3 was interviewed. He stated he was unsure if he required a special diet. "I just eat whatever they give me." Resident #3's NSA, dated 10/31/13, documented he required a consistent carbohydrate diet (limited concentrated sweets), a renal diet and a mechanical soft diet. Discharge orders from the long term care facility, dated 10/10/13, documented Resident #3 required "liberal renal, mechanical soft textures with honey thick liquids with large protein portions at meals." The dietary service manager documented..."continue with diet ordered by the physician..." Further discharge orders from the long term care facility, signed by the physician on 10/15/13, documented "Liberal Renal/Mechanical soft with nectar thick liquids." A service note, dated 10/25/13, documented Resident #3 returned to the facility. "New orders obtained and went over with resident." Resident #3's record did not contain any further physician's dietary orders.	R 008	**II. How to Identify Other Residents:** Resident dietary needs reflective in the Negotiated Service Agreements were audited to support a critical supervision by the Administrator and Resident Care Director. This audited included a review of residents current physician orders, communication with the dietary department, and proper implementation of the current orders for residents within the community. **III. Systemic Change:** The Administrator and Resident Care Director will review updates made to resident Negotiated Service Agreements and physician orders to support a critical review and supervision for community residents. This review will occur consistently with new changes to support resident protection and assistance is implemented as needed for residents within the community. **IV. Monitoring:** The Administrator and/or designee will complete consist resident record reviews to support updates made to resident Negotiated Service Agreement, including dietary needs and ADL's, have been reviewed by the Administrator to support proper supervision and protection for resident needs within the community. **V. Date of Completion:** This Plan of Correction will be completed on or before: June 9, 2014	

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
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STREET ADDRESS, CITY, STATE, ZIP CODE: 205 EAST ANTON AVENUE, COEUR D'ALENE, ID 83814

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 008	Continued From page 8 On 4/15/14 at 11:25 AM, a kitchen staff member stated, Resident #3 "is diabetic, so we give him diabetic syrup and stuff." The kitchen staff member was unaware of any further dietary restrictions. On 4/15/14 at 3:00 PM, the Wellness Coordinator stated she thought Resident #3 was on a renal diet. On 4/15/14 at 3:05 PM, the facility chef stated Resident #3 was provided a diabetic diet. He stated, "I don't think anyone is on a renal diet." He further stated, none of the residents required thickened liquids and confirmed that Resident #3 was not provided a mechanical soft diet. On 4/15/14 at 3:45 PM, the LPN stated she was not aware of Resident #3 needing a specialized diet. She stated she would speak with the dialysis clinic and have them fax over their dietary recommendations. On 4/16/14 at 3:33 PM, the dialysis clinic faxed a physician's diet order (dated 4/16/14), which documented Resident #3 required a "General diet with renal features." On 4/17/14 at 8:30 AM, the LPN stated, "In our assisted living environment, it (the 4/16/14 order) needs to be better defined. A renal diet can encompass so many precautions." She stated, she thought the facility might need to restrict the resident's sodium. She further stated, she was unaware if Resident #3 required a mechanical soft diet or thickened liquids. She stated, she would fax his physician to clarify. On 4/17/14 at 8:35 AM, the administrator stated she was unaware of Resident #3's physician	R 008		

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	13R771		04/18/2014

NAME OF PROVIDER OR SUPPLIER: EMERITUS AT COEUR D' ALENE

STREET ADDRESS, CITY, STATE, ZIP CODE: 205 EAST ANTON AVENUE, COEUR D'ALENE, ID 83814

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 008	Continued From page 9 orders for a specialized diet. On 4/17/14 at 10:15 AM, a caregiver stated, "We are not allowed to have anyone with a thickened liquid diet; we don't even have the stuff to make it." On 4/17/14 at 10:30 AM, a medication aide stated she was not aware Resident #3 required a special diet and did not remember him ever being provided thickened liquids. On 4/17/14 at 10:50 AM, the oversight RN stated she was unaware Resident #3 required a specialized diet. On 4/17/14 at 2:15 PM, the Wellness Coordinator, stated "I know the old Resident Care Coordinator was working on getting his diet changed, so he could come back [from skilled nursing]. I know there was a conflict with the diet order." She further stated, she did not recall a discontinue order being present for the renal/mechanical soft and nectar thickened liquids diet. On 4/16/14 at 8:00 AM, Resident #3 stated he had eggs, oranges, sausages and toast for breakfast. The resident was observed drinking unthickened coffee. On 4/16/14 at 11:45 AM, Resident #3 was observed being served a tuna fish sandwich, chunky vegetable soup and unthickened coffee. On 4/17/14 at 8:10 AM, Resident #3 was observed with pancakes, sausages and unthickened orange juice and coffee. The facility did not provide supervision to ensure	R 008		

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	13R771		04/18/2014

NAME OF PROVIDER OR SUPPLIER: EMERITUS AT COEUR D' ALENE

STREET ADDRESS, CITY, STATE, ZIP CODE: 205 EAST ANTON AVENUE, COEUR D'ALENE, ID 83814

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 008	Continued From page 10 Resident #3's dietary needs were met. Facility staff were unaware of his dietary needs and thus could not implement a diet to meet those needs. B. Supervision of ADLS Resident #2's record documented she was an 86 year-old female, admitted to the facility on 7/2/13, with diagnoses including sleep apnea, coronary artery disease, and edema. Resident #2's NSA, dated 2/18/14, documented she required a one-person assist with bathing/showering and a one-person assist with transfers. On 4/14/14 at 11:10 AM, Resident #2 was observed sitting in a chair in her bedroom. Her wheelchair was beside her. At this time, she stated her legs "did not work" and she needed help to and from her wheelchair and required full assistance with showers. She further stated, "there is not enough help." She stated she did not always get the cares she required, such as bathing. On 4/14/14 at 11:20 AM, a family member of Resident #2 stated, the resident was not getting bathed properly, so they initiated hospice services to help provide the bathing. She stated, currently the facility was providing showers on Thursdays and hospice was providing showers on Mondays. Shower sheets were reviewed for the month of February 2014 through the current date. For the month of February, only one shower, on 2/19/14 was documented as given by facility staff. Hospice care notes were reviewed. A fax from the hospice agency documented, "Initial SOC (start of	R 008		

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	13R771		04/18/2014

NAME OF PROVIDER OR SUPPLIER: EMERITUS AT COEUR D' ALENE

STREET ADDRESS, CITY, STATE, ZIP CODE: 205 EAST ANTON AVENUE, COEUR D'ALENE, ID 83814

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R 008	Continued From page 11 care) was on 2/17/14 with an Hospice Aide Introduction on 2/20/13 and no shower was provided the first week of service..." On 4/15/14 at 11:55 AM, the administrator stated there was no documentation of showers for Resident #2 in February as hospice was doing all of her showers then. On 4/15/14 at 2:20 PM, a caregiver stated "Showers do get missed." On 4/16/14 at 9:40 AM, the Wellness Coordinator stated there was a time when Resident #2's daughter was showering her. "She wouldn't let staff, because of her skin problem. She wanted to ensure the correct body wash was used." On 4/17/14 at 10:15 AM, a caregiver stated Resident #2's daughter had been assisting her with showers on Mondays and "we were giving them on Thursdays." On 4/16/14 at 10:55 AM, the resident's daughter stated, "We brought hospice in as many of the staff quit and there were days she did not get a shower." She further stated, "I did not shower her during that time. I only showered her one time. They were short-staffed. They helped me get her in and I scrubbed her back." She further stated, the resident had skin problems from not getting appropriate showers. On 4/16/14 at 11:20 AM, another family member of Resident #2 stated, prior to hospice, "staff were to give showers twice a week. Sometimes they gave them, sometimes not." She further stated, "I know she got a few showers in February or we would have thrown a fit, but I know she did not get all of them."	R 008		

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	13R771		04/18/2014

NAME OF PROVIDER OR SUPPLIER: EMERITUS AT COEUR D' ALENE

STREET ADDRESS, CITY, STATE, ZIP CODE: 205 EAST ANTON AVENUE, COEUR D'ALENE, ID 83814

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 008	Continued From page 12 On 4/16/14 at 210 PM, a caregiver stated the facility no longer employed shower aides, and as a result, residents did not always get assistance with their scheduled showers. On 4/17/14 at 10:30 AM, a caregiver stated "for awhile we were not assisting everyone with all of their scheduled showers; no one went more than a week without showers." It was unclear if Resident #2 received assistance with showers, as there was only one day in February (2/19/14) that staff documented she received assistance with a shower. Some staff thought the daughter had provided showers. The daughter stated she had not. The administrator thought hospice had been providing all showers (yet hospice was not initiated until 2/17/14). The facility did not provide appropriate supervision to ensure Resident #2 received assistance with showers. The facility retained Resident #3 who had and AV shunt inserted. Additionally, the facility did not provide the necessary oversight of his sliding scale insulin, to ensure it was implemented according to physician's orders. The facility did not provide supervision to ensure Resident #3's dietary needs were met, and Resident #2's bathing needs were met. These failures resulted in inadequate care.	R 008	Scott Daugh 5-16-2014	

IDAHO DEPARTMENT OF HEALTH & WELFARE

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, ID 83720-0036
(208) 364-1962 Fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues Punch List

Facility	License #	Physical Address	Phone Number
Emeritus At Coeur d' Alene	RC-771	205 E Anton Ave	(208) 667-6490
Candis Willis	City: Coeur d' Alene	ZIP Code: 83815	Survey Date: April 18, 2014
Survey Team Leader: Matt Hauser, QMRP	Survey Type: Licensure and Complaint Investigation		RESPONSE DUE: May 18, 2014
Administrator Signature: Elem Whitehouse	Date Signed: 4/18/2014		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Initials
1	225.01	The facility did not evaluate Resident #4's behaviors.	5/20/14	M
2	260.06	Several residents' rooms were observed to have dirty areas on the carpets.	5/20/14	M
3	300.01	3 of 3 sampled staff records did not contain evidence of RN delegation.	5/20/14	M
4	300.02	The facility did not ensure physicians' orders were implemented, such as Resident #2's BG checks, Lasix order and Resident #9's antibiotic order. ***Previously cited on ~~3/27/12~~, ~~[illegible]~~ and ~~10/13/13~~*** 9/13/13 Corrected	5/20/14	M
5	305.02	The facility did not ensure the physicians' orders were congruent with the MARs for Residents #4, 5, 7, and 8. ***Previously cited on 10/13/13***	5/20/14	M
6	305.03	The facility RN did not evaluate residents when they had changes in their conditions, such as: Resident #2's skin issues, shortness of breath, decrease in level of consciences, and Resident #1's skin condition. ***Previously cited on ~~10/10/13~~*** Corrected 9/10/13	5/20/14	M
7	305.04	The facility RN did not make recommendations for residents who had changes of condition, such as: Residents #1, #2, #8 and #9's skin condition.	5/20/14	M
8	305.03	The RN did not follow up on recommendations that were previously made, such as: Resident #1's need for home health services and Resident #5's pain management.	5/20/14	M
9	305.06	The RN did not assess Resident #3 and #7's ability to safely inject their insulin.	5/20/14	M
10	320.01	The facility did not ensure residents' NSAs were implemented regarding bathing and toileting. The NSAs were not reflective of residents' needs, such as: Resident #2's need for outside services, requirements for cut up foods, frequent night checks and Resident #9's need to elevate her legs. ***Previously cited on ~~[illegible]~~ and ~~10/13/13~~*** 9/13/13 Corrected	5/20/14	M
11	330.02	Skin check sheets and wound sheets were not retained for 3 years.	5/20/14	M
12	350.02	The administrator did not investigate all complaints and incidents. ***Previously cited on ~~3/27/12~~ and ~~10~~/13/13*** Corrected 9/13/13	5/20/14	M
13	350.04	The administrator did not provide complainants with a written response within 30 days.	5/20/14	M
14	600.05	The administrator did not supervise outside contract personnel to ensure coordination of bathing and care needs.	5/20/14	M

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ASSISTED LIVING
Non-Core Issues Punch List

Facility	License #	Physical Address	Phone Number
Emeritus At Coeur d' Alene	RC-771	205 E Anton Ave	(208) 667-6490
Candis Willis	City: Coeur d' Alene	ZIP Code: 83815	Survey Date: April 18, 2014
Survey Team Leader: Matt Hauser, QMRP	Survey Type: Licensure and Complaint Investigation		RESPONSE DUE: May 18, 2014
Administrator Signature: Elena Wiedemann	Date Signed: 4/18/2014		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Initials
15	600.06.a	The facility did not ensure sufficient staff were available to implement residents' NSAs regarding care needs, toileting, bathing and supervision.	5/20/14	M
16	711.01	The facility did not track Resident #4's behaviors.	5/20/14	M
17	711.07	Plans of cares by outside service providers were not in residents' records.	5/20/14	MM
18	711.04	There was no documentation that Resident #1 was informed of the possible consequences of his refusal to bathe.	5/20/14	MM
19	711.08.b	Care notes did not document Resident #2's skin care treatments and application of TED hose.	5/20/14	M
20	711.08.c	The facility did not document all unusual events and the facility's response. ***Previously cited ~~IDAPA 3***~~ Corrected MM 9/13/13	5/20/14	MM
21	711.08.f	Care notes from outside service providers were not available for Residents' #5 and #2.	5/20/14	MM
22	711.11	Facility staff did not document each time residents refused medications or the reason they were not given, such as when Resident #5 refused her pain medication.	5/20/14	MM
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IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
EMAIL: ralf@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

May 5, 2014

Scott Doughton, Administrator
Emeritus at Coeur d'Alene
205 East Anton Avenue
Coeur d'Alene, Idaho 83814

Mr. Doughton:

An unannounced, on-site complaint investigation survey was conducted at Emeritus at Coeur d'Alene between April 14, 2014 and April 18, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006420

Allegation #1: The facility did not implement infection control precautions.

Findings #1: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program

IDAHO DEPARTMENT OF HEALTH & WELFARE

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May 5, 2014

Scott Doughton, Administrator
Emeritus at Coeur d'Alene
205 East Anton Avenue
Coeur d'Alene, Idaho 83814

Mr. Doughton:

An unannounced, on-site complaint investigation survey was conducted at Emeritus at Coeur d'Alene between April 14, 2014 and April 18, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006212

Allegaton #1: Medications were not given on time.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #2: Call lights were not answered in a timely manner.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #3: Residents' carpets were not kept clean.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for serveral rooms having dirty areas on the carpeting. The facility was required to submit evidence of resolution within 30 days.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

for

MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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May 5, 2014

Scott Doughton, Administrator
Emeritus at Coeur d'Alene
205 East Anton Avenue
Coeur d'Alene, Idaho 83814

Mr. Doughton:

An unannounced, on-site complaint investigation survey was conducted at Emeritus at Coeur d'Alene between April 14, 2014 and April 18, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006211

Allegation #1: Residents were not assisted with toileting.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06.a for not ensuring there was sufficient staff to implement residents' NSA regarding care needs, toileting, bathing and supervision. The facility was required to submit evidence of resolution within 30 days.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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May 5, 2014

Scott Doughton, Administrator
Emeritus at Coeur d'Alene
205 East Anton Avenue
Coeur d'Alene, Idaho 83814

Mr. Doughton:

An unannounced, on-site complaint investigation survey was conducted at Emeritus at Coeur d'Alene between April 14, 2014 and April 18, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006425

Allegation #1: Residents were not assisted with cares.

Findings: Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.520 for failing to protect residents from inadequate care. The facility was required to submit a plan of correction. Additionally, the facility was issued a deficiency at IDAPA 16.03.22.320.01 for not implementing residents' Negotiated Service Agreements regarding toileting, bathing and other care needs. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility was not maintained in a clean and orderly manner.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for not maintaining the facility in a clean manner. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility was not appropriately staffed to meet the residents' needs.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06.a for not ensuring there was sufficient staff to implement residents' NSA's regarding care needs, toileting, bathing and supervision. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: The facility did not respond to complainants.

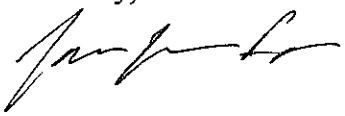
Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.02 and IDAPA 16.03.22.350.04 for not investigating complaints and providing complainants with a written response of findings within 30 days. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: The facility RN did not assess residents when they had changes in their medical condition.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.03 and IDAPA 16.03.22.305.04 for not assessing residents when they had changes in their medical condition, and not making recommendations to ensure their medical care needs were met. The facility was required to submit evidence of resolution within 30 days.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program

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May 5, 2014

Scott Doughton, Administrator
Emeritus at Coeur d' Alene
205 East Anton Avenue
Coeur d'Alene, Idaho 83814

Mr. Doughton:

An unannounced, on-site complaint investigation survey was conducted at Emeritus at Coeur d'Alene between April 14, 2014 and April 18, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006213

Allegation #1: The facility did not ensure sufficient staff were available to meet residents' care needs.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06.a for not ensuring there was sufficient staff to implement residents' NSA regarding care needs, toileting, bathing and supervision.

Allegation #2: The facility did not respond to complainants.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.02 and IDAPA 16.03.22.350.04 for not investigating complaints and providing complainants with a written response within 30 days.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program

Date 4/18/14 Page 1 of 1

IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
3232 W. Elder Street, Boise, Idaho 83705
208-334-6626

	Critical Violations	Noncritical Violations
# of Risk Factor Violations	0	# of Retail Practice Violations ____
# of Repeat Violations	0	# of Repeat Violations ____
Score	0	Score ____
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection		A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection.

Establishment Name: Emeritus - Coeur d'Alene	Operator: Candis Willis
Address: 205 East Anton Ave	Coeur d'Alene
County / Estab # / EHS/SUR #	Inspection time: / Travel time:
Inspection Type: / Risk Category: H	Follow-Up Report: OR On-Site Follow-Up: Date: ____ Date: ____

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

RISK FACTORS AND INTERVENTIONS (*Idaho Food Code* applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection.

	Demonstration of Knowledge (2-102)	COS	R
Y N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	☐	☐
	Employee Health (2-201)		
Y N	2. Exclusion, restriction and reporting	☐	☐
	Good Hygienic Practices		
Y N	3. Eating, tasting, drinking, or tobacco use (2-401)	☐	☐
Y N	4. Discharge from eyes, nose and mouth (2-401)	☐	☐
	Control of Hands as a Vehicle of Contamination		
Y N	5. Clean hands, properly washed (2-301)	☐	☐
Y N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	☐	☐
Y N	7. Handwashing facilities (5-203 & 6-301)	☐	☐
	Approved Source		
Y N	8. Food obtained from approved source (3-101 & 3-201)	☐	☐
Y N	9. Receiving temperature / condition (3-202)	☐	☐
Y N N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	☐	☐
	Protection from Contamination		
Y N N/A	11. Food segregated, separated and protected (3-302)	☐	☐
Y N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	☐	☐
Y N	13. Returned / reservice of food (3-306 & 3-801)	☐	☐
Y N	14. Discarding / reconditioning unsafe food (3-701)	☐	☐

	Potentially Hazardous Food Time/Temperature	COS	R
Y N N/O N/A	15. Proper cooking, time and temperature (3-401)	☐	☐
Y N N/O N/A	16. Reheating for hot holding (3-403)	☐	☐
Y N N/O N/A	17. Cooling (3-501)	☐	☐
Y N N/O N/A	18. Hot holding (3-501)	☐	☐
Y N N/O N/A	19. Cold Holding (3-501)	☐	☐
Y N N/O N/A	20. Date marking and disposition (3-501)	☐	☐
Y N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	☐	☐
	Consumer Advisory		
Y N N/A	22. Consumer advisory for raw or undercooked food (3-603)	☐	☐
	Highly Susceptible Populations		
Y N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	☐	☐
	Chemical		
Y N N/A	24. Additives / approved, unapproved (3-207)	☐	☐
Y N	25. Toxic substances properly identified, stored, used (7-101 through 7-301))	☐	☐
	Conformance with Approved Procedures		
Y N N/A	26. Compliance with variance and HACCP plan (8-201)	☐	☐

Y = yes, in compliance; N = no, not in compliance; N/O = not observed; N/A = not applicable; COS= Corrected on-site; R= Repeat violation; ☒ = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Mac-salad-fridge	41	Soup-cooktop	201				
Cooked ham-fridge	40						

GOOD RETAIL PRACTICES (☒= not in compliance)

		COS	R			COS	R			COS	R
☐	27. Use of ice and pasteurized eggs	☐	☐	☐	34. Food contamination	☐	☐	☐	42. Food utensils/in-use	☐	☐
☐	28. Water source and quantity	☐	☐	☐	35. Equipment for temp. control	☐	☐	☐	43. Thermometers/Test strips	☐	☐
☐	29. Insects/rodents/animals	☐	☐	☐	36. Personal cleanliness	☐	☐	☐	44. Warewashing facility	☐	☐
☐	30. Food and non-food contact surfaces: constructed, cleanable, use	☐	☐	☐	37. Food labeled/condition	☐	☐	☐	45. Wiping cloths	☐	☐
☐	31. Plumbing installed; cross-connection; back flow prevention	☐	☐	☐	38. Plant food cooking	☐	☐	☐	46. Utensil & single-service storage	☐	☐
☐	32. Sewage and waste water disposal	☐	☐	☐	39. Thawing	☐	☐	☐	47. Physical facilities	☐	☐
☐	33. Sinks contaminated from cleaning maintenance tools	☐	☐	☐	40. Toilet facilities	☐	☐	☐	48. Specialized processing methods	☐	☐
				☐	41. Garbage and refuse disposal	☐	☐	☐	49. Other	☐	☐

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) Ray B. Woock	(Print)	Title	Date 4-19-14
Inspector (Signature) Meg Ryan	(Print)	Date 4/18/14	Follow-up: (Circle One) Yes No