



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

September 12, 2014

Anna Capell, Administrator
Bridge at Post Falls
515 North Garden Plaza Court
Post Falls, Idaho 83854

Provider ID: RC-976

Ms. Capell:

On June 20, 2014, a state licensure/follow-up survey was conducted at The Bridge At Post Falls. 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

GLORIA KEATHLEY, LSW
Team Leader
Health Facility Surveyor

GK/sc

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



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P.O. Box 83720
Boise, Idaho 83720-0009
EMAIL: ralf@dhw.idaho.gov
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FAX: 208-364-1888

June 26, 2014

CERTIFIED MAIL #: 7007 3020 0001 4050 8456

Ann Byers, Administrator
Bridge at Post Falls
515 North Garden Plaza Court
Post Falls, Idaho 83854

Ms. Byers:

On June 20, 2014, a state licensure survey was conducted by Department staff at Post Falls Retirement LLC - dba - The Bridge at Post Falls. The facility was cited with a core issue deficiency for failing to protect residents from inadequate care.

This core issue deficiency substantially limits the capacity of Post Falls Retirement LLC - dba - The Bridge at Post Falls to provide for residents' basic health and safety needs. The deficiency is described on the enclosed Statement of Deficiencies.

CONSULTANT:

- 1. A licensed nurse consultant**, with at least three years experience working in a residential care or assisted living facility environment in Idaho, shall be obtained and paid for by the facility, and approved by the Department. This consultant must be properly licensed through the Idaho Board of Nursing and may not also be employed by the facility or the company that operates the facility. The purpose of the consultant is to assist the facility in identifying and implementing appropriate corrections for the deficiencies. Please provide a copy of the enclosed consultant report content requirements to the consultant. The consultant shall be allowed unlimited access to the facility's administrative, business and resident records and to the facility staff, residents, their families and representatives. The name of the consultant with the person's qualifications shall be submitted to the Department for **approval no later than July 3, 2014.**
- 2. A weekly written report** must be submitted by the Department-approved consultant to the Department commencing on **July 11, 2014.** The reports will address progress on correcting the core deficiency identified on the Statement of Deficiencies as well as the non-core deficiencies identified on the punch list. When the consultant and the administrator agree the facility is in full compliance, they will notify the Department and request a follow-up survey be scheduled.

PLAN OF CORRECTION:

3. 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?

An acceptable, **signed** and **dated** Plan of Correction must be submitted to the Division of Licensing and Certification within **ten (10) calendar days of your receipt of the Statement of Deficiencies**. You are encouraged to immediately develop and submit this plan so any adjustments or corrections to the plan can be completed prior to the deadline.

EVIDENCE OF RESOLUTION:

4. Non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) describes the requirements for submitting evidence that the non-core issue deficiencies have been resolved:

910. Non-core Issues Deficiency.

01. Evidence of Resolution. Acceptable evidence of resolution as described in Subsection 130.09 of these rules, must be submitted by the facility to the Licensing and Survey Agency. If acceptable evidence of resolution is not submitted within sixty (60) days from when the facility was found to be out of compliance, the Department may impose enforcement actions as described in Subsection 910.02.a through 910.02.c of these rules.

The twenty (20) non-core issue deficiencies must be corrected and evidence (including but not limited to receipts, pictures, completed forms, records of training) must be submitted to this office by **July 20, 2014**.

CIVIL MONETARY PENALTIES

5. Of the twenty (20) non-core issue deficiencies identified on the punch list, two (2) were repeat punches. Both of the repeat deficiencies 320.03 and 350.02 were cited on both of the two (2) previous surveys, 9/2/2011 and 11/29/2011.

320.03 NSA's were not signed and dated by the administrator and the resident or responsible party.

350.02 Administrator failed to investigate all incidents and accidents and write a report within 30 days.

The following administrative rules for Residential Care or Assisted Living Facilities in Idaho give the Department the authority to impose a monetary penalty for these violations:

IDAPA 925. ENFORCEMENT REMEDY OF CIVIL MONETARY PENALTIES.

01. Civil Monetary Penalties. Civil monetary penalties are based upon one (1) or more deficiencies of noncompliance. Nothing will prevent the Department from imposing this remedy for deficiencies which existed prior to survey or complaint investigation through which they are identified. Actual harm to a resident or residents does not need to be shown. A single act, omission or incident will not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule.

02. Assessment Amount for Civil Monetary Penalty. When civil monetary penalties are imposed, such penalties are assessed for each day the facility is or was out of compliance. The amounts below are multiplied by the total number of occupied licensed beds according to the records of the Department at the time noncompliance is established.

b. Repeat deficiency is ten dollars (\$10). (Initial deficiency is eight dollars (\$8)).

For the dates of March 13, 2014 through June 20, 2014:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	2	90	90	\$ 162,000

Maximum penalties allowed in any ninety-day period per IDAPA 16.03.22.925.02.c:

# of Occupied Beds in Facility	Initial Deficiency	Repeat Deficiency
3-4 Beds	\$1,440	\$2,880
5-50 Beds	\$3,200	\$6,400
51-100 Beds	\$5,400	\$10,800
101-150 Beds	\$8,800	\$17,600
151 or More Beds	\$14,600	\$29,200

Your facility had 90 occupied beds at the time of the survey. Therefore, your maximum penalty is: \$10,800.

Send payment of \$10,800 by check or money order, made payable to:

Licensing and Certification

Mail your payment to:

**Licensing and Certification - RALF
PO Box 83720
Boise, ID 83720-0009**

Payment must be received in full within 30 calendar days from the date this notice is received. Interest accrues on all unpaid penalties at the legal rate of interest for judgments. Failure of a facility to pay the entire penalty, together with any interest, is cause for revocation of the license or the amount may be withheld from Medicaid payments to the facility.

ADMINISTRATIVE REVIEW

You may contest the requirement for a consultant or civil monetary penalty by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, which states: **the request must be signed by the licensed administrator of the facility, identify the challenged decision, and state specifically the grounds for your contention that this decision is erroneous.** The request must be received **no later than twenty-eight (28) days after this notice was mailed.** Any such request should be addressed to:

**Tamara Prisock, Administrator
Division of Licensing and Certification - DHW
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036**

Upon receipt of a written request that meets the requirements specified in IDAPA 16.05.03.300, an administrative review conference will be scheduled and conducted. The purpose of the conference is to clarify and attempt to resolve the issues. A written review decision will be sent to you within thirty (30) days of the date of the conclusion of the administrative review conference.

If the facility fails to file a request for administrative review within the time period, this decision shall become final.

INFORMAL DISPUTE RESOLUTION

Pursuant to IDAPA 16.03.22.003.02, you have available the opportunity to question the core issue deficiency 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 Assisted Living Facility Program for an IDR meeting. The request for the meeting must be in writing and must be made within ten (10) business days of receipt of the Statement of Deficiencies. The facility's request must include sufficient information for Licensing and Certification to determine the basis for the provider's appeal, including reference to the specific deficiency to be reconsidered and the basis for the reconsideration request. If your request for informal dispute resolution is received more than ten (10) days after you receive the Statement of Deficiencies, your request will not be granted. Your IDR request must be made in accordance with the Informal Dispute Resolution Process. The IDR request form and the process for submitting a complete request can be found at www.assistedliving.dhw.idaho.gov under the heading of Forms and Information.

FOLLOW-UP SURVEY

An on-site, follow-up survey will be scheduled after the administrator and consultant submit a letter stating that all deficiencies have been corrected and systems are in place to assure the deficient practices remain corrected. If at the follow-up survey the core issue deficiency still exists, a new core issue deficiency is identified or non-core deficiencies have not been corrected, the Department will take further enforcement action against the license held by The Bridge at Post Falls. Those enforcement actions will include one or more of the following:

- Revocation of the facility license
- Summary suspension of the facility license
- Imposition of temporary management
- Limit or ban on admissions
- Additional civil monetary penalties

Division of Licensing and Certification staff is available to assist you in determining appropriate corrections and avoiding further enforcement actions. Please contact our office at (208) 364-1962 if we may be of assistance, or if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jamie Simpson", written in a cursive style.

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

JS/sc

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/20/2014
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NAME OF PROVIDER OR SUPPLIER BRIDGE AT POST FALLS	STREET ADDRESS, CITY, STATE, ZIP CODE 515 NORTH GARDEN PLAZA COURT POST FALLS, ID 83854
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(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	<p>Initial Comments</p> <p>The following deficiency was cited during the licensure and follow-up survey conducted between 6/17/2014 and 6/20/2014 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN, BSN Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p> <p>Jamie Simpson, MBA, QMRP Program Supervisor</p> <p>Survey Definitions: & = And BGs = Blood Glucose levels Dr. = Doctor LPN = Licensed Nurse MAR = Medication Assistance Record NSA = Negotiated Service Agreement PRN = As Needed RN = Registered Nurse S/S = Signs and Symptoms UTI = Urinary Tract Infection</p>	R 000	<p><i>Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.</i></p> <p>A. With Respect to the Specific Residents Cited: An updated assessment and NSA was completed for Residents #1 and #2. Documentation of resident current Clinical status was completed and filed in the resident's clinical record. Clinical review was conducted with the Home Health Agency for resident's #1 and #2. Documentation of the review with Home Health was documented in the resident record with documentation of resident status. Healthcare provider clarification of insulin use and blood glucose parameter orders and follow up communication expectations was obtained for Resident #5.</p>	7/20/14
R 008	<p>16.03.22.520 Protect Residents from Inadequate Care.</p> <p>The administrator must assure that policies and procedures are implemented to assure that all</p>	R 008		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OFFICE PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Chris Bynum* TITLE *Assisted Living Manager* (X6) DATE *7-7-14*

STATE FORM 8899 08YD11 If continuation sheet 1 of 12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/20/2014	
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R 008	<p>Continued From page 1</p> <p>residents are free from inadequate care.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, it was determined the facility did not provide coordination of outside services for 2 of 2 sampled residents (#1 and #6) who were receiving home health services for wound care. Further, the facility did not provide appropriate assistance and monitoring of medications for 1 of 4 sampled residents (#5). The findings include:</p> <p>I. Coordination of Outside Services</p> <p>IDAPA 16.03.22.011.08, states inadequate care is "When a facility fails to provide...coordination of outside services."</p> <p>1. According to her record, Resident #1 was an 84 year old woman admitted to the facility on 4/15/14, with Type II diabetes and multiple sclerosis.</p> <p>A nursing assessment, dated 4/7/14, eight days prior to Resident #1's admission to the facility, documented the resident had no skin conditions.</p> <p>A clinic visit note, dated 4/9/14, six days prior to Resident #1's admission to the facility, documented Resident #1 had several skin tears sustained when she fell on 4/8/14.</p> <p>A fax to the home health agency, dated 4/9/14, documented an order for a nurse to evaluate Resident #1 for wound care of "full thickness skin tears to the resident's right upper thigh, left lateral calf and left forearm." It further documented, a physician ordered "daily wound care until the wound was healed."</p>	R 008	<p>B. With Respect to How the Facility will Identify Residents with the Potential for the Identified Concern and Take Corrective Action:</p> <p>The Community Third Party Provider Policy was reviewed. The "Facility Resident Roster" was reviewed and updated. Weekly updates of the Facility Roster will be completed by the Resident Care Director and reviewed by the Assisted Living Manager. The Assisted Living Manager will review roster changes and follow up with the General Manager during weekly support meetings.</p> <p>A roster of resident's receiving Third Party Provider services was established. The roster is updated weekly by the Resident Care Director/Designee. Third Party Providers will receive a letter upon the initial resident visit to communicate the communication expectations with the Resident Care Director and the Assisted Living Manager. The Resident Care Director/Designee and the Assisted Living Manager</p>	

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R 008	<p>Continued From page 2</p> <p>A home health note, dated 4/14/14, documented the resident had wounds on her left shin, right thigh and left arm that required dressing three times a week.</p> <p>There was no documentation by the facility nurse regarding the condition of the resident's skin and the status of her wounds after she was admitted to the facility on 4/15/14.</p> <p>A home health note, dated 4/21/14, documented the resident was transferred to the hospital for pneumonia, urinary tract infection and a leg infection.</p> <p>A caregiver "24-Hour Report" note, dated 4/21/14, documented a hospice representative told the staff Resident #1 was taken to a hospital in Spokane.</p> <p>A hospital history and physical, dated 4/21/14, documented the resident was admitted to the hospital due to slurred speech. It documented the resident had "open wounds on her right lower extremity, right thigh and left shin" which were "not new." It further documented, the resident had a low grade fever. The resident was assessed to have right side pneumonia, urinary tract infection and left lower extremity cellulitis with history of Methicillin-resistant Staphylococcus aureus.</p> <p>A "Resident Status" note written by the facility RN, dated 4/27/14, documented Resident #1 went to a long term care facility for treatment and stabilization of her wounds and erratic blood sugars. For twelve days, there was no further documentation regarding the resident's condition prior to being sent to the hospital.</p>	R 008	<p>will meet with third party providers weekly to review resident status. The Resident Care Director will complete weekly documentation to reflect the resident's clinical status and clinical status/response to Third Party Provider services.</p> <p>A roster of IDDM residents was established and is updated weekly by the Resident Care Director/Designee.</p> <p>The Resident Care Director will communicate to the Healthcare providers, decline or improvement in resident clinical status.</p> <p>C. With Respect to What Systemic Measures have been put in place to Address the Stated Concern:</p> <p>In-service training has been scheduled to review the policy for Third Party Provider services, including documentation and communication expectations. In-service training has been scheduled on the 24 hour report policy, use and</p>	

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R 008	<p>Continued From page 3</p> <p>A "Resident Status" note written by the facility LPN, dated 5/19/14, documented the resident was "adjusting well" upon her readmission to the facility.</p> <p>A nursing assessment, dated 5/19/14, documented Resident #1 had no falls in the past 60 days and had no skin conditions. There was no documentation regarding the current status of the resident's wounds, urinary tract infection, cellulitis or pneumonia.</p> <p>A "Home Health Certification and Plan of Care" for certification, from 5/20/14 through 7/18/14, documented the resident was admitted to home health for nursing visits two times a week for dressing changes and wound care. Additionally, the form documented Resident #1 was also receiving treatment at a wound clinic. However, there was no documentation from the wound care clinic regarding the status of the resident's wounds found in Resident #1's record.</p> <p>A home health skilled nursing note, dated 5/23/14, documented the resident had "continued wound care."</p> <p>A home health skilled nursing note, dated 5/26/14, documented that wound care was "provided as ordered." It further documented, the resident complained of frequency and burning when she was urinating. The resident's urine was noted by the home health nurse to be "dark yellow in color, cloudy with foul odor." There was no documentation the facility nurse was aware the resident had problems when urinating.</p> <p>A home health skilled nursing note, dated 5/28/14, documented the resident's wounds were assessed. The wound on the left wrist was</p>	R 008	<p>communication expectations. In-service training has been scheduled on Insulin and Blood Glucose management, documentation and communication. In-service training was provided to the Resident Care Director/Designee on review of Blood Glucose levels, follow up and communications.</p> <p>D. With Respect to How the Plan of Corrective Measures will be Monitored:</p> <p>The Resident Care Director and Assisted Living Manager will review resident Third Party Provider status, including wound status and Insulin and Blood Glucose changes and follow up to the General Manager during weekly meetings.</p>	

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R 008	<p>Continued From page 4</p> <p>healed. The wound on right upper leg was "healing well, noted wound bed beefy red in color, no s/s of infection." The wound on her "left lower leg was healing well, wound bed beefy red in color, no s/s of infections." There was no documentation by the facility nurse regarding the status of the resident's wounds. There was no further documentation of the status of the resident's urinary problems.</p> <p>A "24-Hour Report" note, dated 6/3/14, documented Resident #1 was "having trouble standing to get up & walking to the bathroom...Needs to be looked at by nursing staff." There was no documentation the resident was "looked at" by the nursing staff.</p> <p>A "24-Hour Report" note, dated 6/7/14, documented Resident #1 was "confused and hallucinating. Family and Dr. called" and staff were to "push fluids." There was no documentation the facility nurse was notified or had assessed the resident.</p> <p>A June 2014 MAR, documented the resident was out of the facility on 6/8, 6/9 and 6/10. This was the only documentation regarding the resident being gone from the facility.</p> <p>A home health skilled nursing note, dated 6/11/14, documented the home health agency had resumed cares "following recent hospital admission with UTI." It further documented, the patient's daughter wanted the home health agency to wait until the resident could see the wound care physician on 6/18/14, "before doing any wound treatment."</p> <p>There was no documentation the facility nurse assessed Resident #1 upon her return to the</p>	R 008		

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R 008	<p>Continued From page 5</p> <p>facility. Further, there was no documentation from the hospital regarding the reason for the resident's hospitalization and her condition upon discharge.</p> <p>The facility's resident roster, presented to surveyors on 6/18/14, documented Resident #1 had fallen, but had no wounds or outside agency involvement.</p> <p>On 6/18/14 at 4:15 PM, the facility LPN was interviewed. He stated he was not aware Resident #1 was in the hospital in June. Further, the LPN stated he was unsure why Resident #1 was receiving home health, but thought it was for physical and occupational therapy.</p> <p>On 6/19/14 at 4:15 PM, the facility RN and LPN were interviewed. The RN stated she knew that home health was taking care of Resident #1's wounds. She said the daughter told them (the nurses), "that's all you need to know." Further, the LPN stated the RN went to Resident #1's house to assess her prior to admission. Neither of them felt they had to assess her wounds, because they were not taking care of them. The RN stated, if she had known she had to take care of the wounds, the resident would probably not have been admitted. The RN stated the only thing she remembered about Resident #1's first hospital stay in April was that her "BGs were erratic." Both the LPN and RN stated they did not find out about Resident #1's hospitalization in June until after she returned to the facility.</p> <p>Resident #1 had wounds the facility nurses had never assessed to ensure the resident was appropriate for assisted living. Further, Resident #1 was hospitalized twice and her condition was not properly assessed by the facility to ensure</p>	R 008		

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R 008	<p>Continued From page 6</p> <p>they could provide for her care. The facility did not coordinate Resident #1's care to ensure the resident received appropriate monitoring and follow-up of her conditions</p> <p>2. Resident #2's record documented he was an 88 year old male who was admitted to the facility on 4/9/14 with a diagnosis of dementia. Resident #2 was on home health services at the time of survey.</p> <p>On 6/17/14, at approximately 3:00 PM, Resident #2 stated he moved into the facility on 4/9/14 from a skilled nursing facility across the street. He stated he had a "hole in his heel," that was almost healed. He confirmed, he moved into the assisted living facility with the wound on his heel.</p> <p>The facility's resident roster, presented to surveyors on 6/18/14, documented Resident #2 did not have wounds or outside agency involvement.</p> <p>An NSA, dated 4/9/14, documented Resident #2 did not receive services from outside agencies.</p> <p>A facility nursing assessment, dated 4/9/14, documented Resident #2 had a "scab" on his right hand, but otherwise his skin was "intact."</p> <p>Facility nursing notes, dated 4/19/14 through 6/16/14, did not document Resident #2 had wounds.</p> <p>A physician's note, contained in the record and dated 4/11/14, documented Resident #2 had an ulcer on his left heel. The note also documented he was to reduce the pressure on his left heel, decrease the hours he spent in bed and "On Site for Seniors" was responsible for assessment and</p>	R 008		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/20/2014
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NAME OF PROVIDER OR SUPPLIER BRIDGE AT POST FALLS	STREET ADDRESS, CITY, STATE, ZIP CODE 515 NORTH GARDEN PLAZA COURT POST FALLS, ID 83854
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(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	<p>Continued From page 7</p> <p>management of the wound care.</p> <p>A home health note, dated 4/10/14, documented they received a verbal order from a provider at "On Site for Seniors" for the home health agency to do the dressing changes and wound care.</p> <p>A home health note, dated 4/10/14, documented the wound was covered with slough and had a small amount of serosanguinous drainage. Additionally, the note documented the wound was discussed with the facility general manager and a caregiver. There was no documentation the facility nurse was advised of the wound's status or that she assessed the wound.</p> <p>Various home health nurses documented they provided wound care on 4/14, 4/16, 4/18, 4/23, 4/30, 5/5, 5/7, 5/9, 5/14 and 5/23/14. There was no documentation the facility nurse was advised of the wound's status after these visits.</p> <p>On 6/18/14 at 11:20 AM, the facility RN stated Resident #2 had been on home health services for physical therapy, but he had been discharged from home health. She stated she was not aware if he currently received home health services.</p> <p>On 6/18/14 at 2:08 PM, a nurse at the home health agency confirmed the only services they provided Resident #2 was wound care.</p> <p>On 6/19/14 at 3:50 PM, the facility RN stated she was aware of the wound on Resident #2's heel but had forgotten he received home health services. She stated that home health did not want the facility nurses to "have anything to do with" the wound. She said the home health nurses did not update her or the facility LPN of the wound status. She stated she did review the</p>	R 008		

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER
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STREET ADDRESS, CITY, STATE, ZIP CODE
**515 NORTH GARDEN PLAZA COURT
POST FALLS, ID 83854**

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R 008	<p>Continued From page 8</p> <p>home health notes "on occasion." Additionally, she stated she did not think she needed to assess the wound because she was not going to provide care for it.</p> <p>The facility did not coordinate Resident #2's wound care with home health, or "On Site for Seniors" to ensure Resident #2 was receiving appropriate care and was suitable to remain in assisted living.</p> <p>II. Assistance and Monitoring of Medications</p> <p>Resident #5's record documented she was a 77 year old female who was admitted to the facility on 2/22/13, with diagnoses which included diabetes and memory loss.</p> <p>The American Diabetes Association suggests the following blood glucose targets for most nonpregnant adults with diabetes. *Before a meal: 70-130</p> <p>*1-2 hours after beginning of the meal: less than 180</p> <p>The American Diabetes Association states, "Hyperglycemia can be a serious problem if you don't treat it, so it's important to treat as soon as you detect it. If you fail to treat hyperglycemia, a condition called ketoacidosis (diabetic coma) could occur. Ketoacidosis develops when your body doesn't have enough insulin....Ketoacidosis is life-threatening and needs immediate treatment." (Source: www.diabetes.org)</p> <p>Resident #5's medication record documented she was to inject 28 units of Lantus insulin, once a day, at 4:30 PM. There were no parameters of when staff should notify the physician of abnormal</p>	R 008		

Bureau of Facility Standards

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R 008	<p>Continued From page 9</p> <p>readings. Her medication record further documented the following blood glucose levels during the month of June, at 4:30 PM:</p> <p>* 6/1/14 = 311, 6/2/14 = 170, 6/3/14 = 223, 6/4/14 = 247, 6/5/14 = 300, 6/6/14 = 449, 6/7/14 = 344, 6/8/14 = 384, 6/9/14 = 332, 6/10/14 = 332, 6/11/14 = 312, 6/13/14 = 593, 6/14/14 = 396, 6/15/14 = 319, 6/16/14 = 207 and 6/17/14 = 312.</p> <p>There was no documentation that staff contacted or informed the facility RN or LPN when Resident #5's blood glucose levels were high. Additionally, there was no documentation Resident #5's physician was notified when her blood glucose levels were high.</p> <p>During a tour of the facility, on 6/17/13, Resident #5's room was observed to contain a log of her blood glucose levels. Resident #5's blood glucose log documented the following high blood glucose levels:</p> <p>* On 6/3/14 at 5:45 PM, blood glucose was 416 * On 6/4/14 at 5:25 PM, blood glucose was 242 * On 6/5/14 at 6:44 PM, blood glucose was 390 * On 6/6/14 at 6:20 PM, blood glucose was 449 (noted as after dinner) * On 6/7/14 at 6:55 PM, blood glucose was 344 * On 6/8/14 at 6:45 PM, blood glucose was 344 * On 6/9/14 at 8:35 PM, blood glucose was 262 * On 6/10/14 at 5:35 PM, blood glucose was 339 * On 6/11/14 at 5:25 PM, blood glucose was 254 * On 6/13/14 at 5:40 PM, blood glucose was 593 (noted as after dinner) * On 6/14/14 at 8:30 AM, blood glucose was 436 * On 6/14/14 at 5:40 PM, blood glucose was 396 (noted as after dinner) * On 6/15/14 at 7:05 AM, blood glucose was 208 * On 6/15/14 at 7:10 PM, blood glucose was 314</p>	R 008		

Bureau of Facility Standards

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R 008	<p>Continued From page 10</p> <p>(noted as after dinner)</p> <ul style="list-style-type: none"> * On 6/16/14 at 6:45 PM, blood glucose was 413 (noted as after dinner) * On 6/17/14 at 6:45 PM, blood glucose was 436 (noted as after dinner) * On 6/18/14 at 8:33 AM, blood glucose was 326 * On 6/18/14 at 6:35 PM, blood glucose was 371 (noted as after dinner) <p>Resident #5's record did not contain physician orders regarding how often she was to check her blood glucose levels or how to respond or who to contact, if her blood glucose levels were high. Additionally, Resident #5 was not assessed to safely check her own blood glucose levels or inject her own insulin.</p> <p>On 6/19/14 at 3:47 PM, three medication aides stated there were no written parameters of when to notify the nurse or physician of residents' abnormal blood glucose levels. One stated she would contact the residents' families for guidance.</p> <p>On 6/19/14 at 11:04 AM, the facility RN and LPN were interviewed. Both the LPN and RN stated they were not aware Resident #5 was doing her own blood glucose checks. When shown the documented high blood glucose levels recorded, the RN stated, "this is shocking, we didn't even know she was taking them and none of this was ever reported to us." Both the LPN and RN stated there were no written parameters for Resident #5's blood glucose, and no instructions for staff on what to do or who to contact if Resident #5's blood glucose levels were high.</p> <p>The facility was unaware of Resident #5's high blood glucose levels and failed to assess, monitor or address Resident #5's health status in regards to her diabetes.</p>	R 008		

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R 008	Continued From page 11 The facility failed to provide coordination of outside services for Residents #1 and #6 who were receiving home health services for wound care. Further, the facility failed to provide appropriate assistance and monitoring of medications for Resident #5. These failures resulted in inadequate care.	R 008		



Facility Bridge At Post Falls, The	License # RC-976	Physical Address 515 N Garden Plaza Ct	Phone Number (208) 773-3701
Administrator Ann Byers	City Post Falls	ZIP Code 83854	Survey Date June 20, 2014
Survey Team Leader Gloria Keathley, LSW	Survey Type Licensure and Follow-up	RESPONSE DUE: July 20, 2014	
Administrator Signature 	Date Signed 6.20.14		

NON-CORE ISSUES

Item #	IBAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	220.02	The facility's admission agreement was not transparent, understandable and conflicted with state rules. For example: It stated the facility would charge for the five day rate increase notice; it referenced attachments and there were not any; and it was conflicting and unclear what charges the resident would incur after discharge.	8-11-14	JK
2	220.03	The facility's admission agreement did not have a complete reflection of facility charges.	8-11-14	JK
3	250.14	The facility did not provide a secure interior environment for residents with cognitive impairment. (The facility identified 21 residents with cognitive impairment)	9-2-14	JK
4	300.01	The facility nurse did not complete quarterly nursing assessments for Residents #3, 5, 7 and 9.	9-2-14	JK
5	305.03	The facility nurse did not complete change of conditions assessments for Residents #1, 2, 6 and 10.	9-2-14	JK
6	306	The facility nurse did not assess Residents #1, 5, 6 and 7's ability to self-administer medications.	9-2-14	JK
7	305.08	The facility nurse did not provide education to staff regarding how to respond to residents with low or high blood glucose levels and other health related educational needs. Further, the facility nurse did not educate the staff on proper medication documentation.	9-2-14	JK
8	310.01.a	Medications were not secured in residents' rooms.	9-2-14	JK
9	300.02	The facility nurse did not provide oversight of residents' medications to ensure families were not holding and directing what medications to give. Further, new medication orders were received and implemented by unlicensed personnel rather than the licensed nurse.	9-2-14	JK
10	310.01	Families were filling medisets.	9-2-14	JK
11	320.01	The NSAs did not identify specific residents' needs and did not include outside services. Further, it did not provide instruction to staff regarding individual preferences and services required.	9-4-14	JK
12	320.03	The NSAs were not signed and dated by all necessary parties. **Previously cited 11/29/11 and 9/2/11**	9-4-14	JK
13	320.04	The NSA did not include the next scheduled date of review.	9-4-14	JK



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

Establishment Name <u>Bridge at Post Falls</u>			Operator <u>ANN BYERS</u>		
Address <u>515 N. Garden Plaza</u>			Post Falls ID <u>83854</u>		
County	Estab #	EHS/SUR.#	Inspection time:	Travel time:	
Inspection Type: <u>STANDARD</u>		Risk Category: <u>High</u>	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.

# of Risk Factor Violations	<input checked="" type="checkbox"/>	# of Retail Practice Violations	<input checked="" type="checkbox"/>
# of Repeat Violations	<input checked="" type="checkbox"/>	# of Repeat Violations	<input checked="" type="checkbox"/>
Score	<input checked="" type="checkbox"/>	Score	<input checked="" type="checkbox"/>
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.	

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

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

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

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Egg Omlets / Hot Holding</u>	<u>158</u>	<u>Pastrami / Grill</u>	<u>160</u>	<u>Yogurt / Fridge</u>	<u>40</u>		
<u>Sauce / Grill</u>	<u>155</u>	<u>Potatoes / Grill</u>	<u>40</u>				

GOOD RETAIL PRACTICES (input checked = not in compliance)

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

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

JIM ADOLFSON DSD
 Person in Charge (Signature) (Print) Title Date

Matt Hauser
 Inspector (Signature) (Print) MATT HAUSER Date 6/20/14

Follow-up: (Circle One) Yes No