



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: 208-334-6626  
FAX: 208-364-1888

October 28, 2013

Debi Moore, Administrator  
Autumn Cove Assisted Living LLC  
.652 S Main St  
Star, ID 83669

License #: RC-994

Dear Ms. Moore:

On July 11, 2013, a complaint investigation and licensure survey was conducted at Autumn Cove Assisted Living, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted evidence of resolution is 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 Polly Watt-Geier, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Polly Watt-Geier, MSW  
Team Leader  
Health Facility Surveyor

PWG/tfp

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



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July 23, 2013

Debi Moore, Administrator  
Autumn Cove Assisted Living LLC  
652 S Main St  
Star, ID 83669

Dear Ms. Moore:

A complaint investigation and state licensure survey was conducted at Autumn Cove Assisted Living LLC between July 8 and July 11, 2013. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

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, on **July 11, 2013**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 364-1962. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

*Polly Watt-Geier, MSW*

Polly Watt-Geier, MSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

PWG/tfp

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R994</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/11/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN COVE ASSISTED LIVING LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>652 S MAIN ST STAR, ID 83669</b>		
(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 residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure/follow-up and complaint investigation survey conducted between July 8, 2013 and July 11, 2013 at your facility. The surveyors conducting the survey were:</p> <p>Polly Watt-Geier, MSW Team Coordinator Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



Facility Autumn Cove Assisted Living LLC	License # RC-994	Physical Address 652 S MAIN ST	Phone Number (208) 286-7095
Administrator Debi Moore	City STAR	ZIP Code 83669	Survey Date July 11, 2013
Survey Team Leader Polly Watt-Geier	Survey Type Licensure, Follow-up and Complaint Investigation	RESPONSE DUE: August 10, 2013	

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	152.05.b	Facility administrative staff were not aware of the facility's policies of acceptable admissions.	10/22/13	PwG
2	220.02	The facility admission agreements were not written in a transparent or understandable manner, i.e., the admission agreements listed the IDAPA rules, but did not disclose the facility's practices. Additionally, the admission agreements did not include a complete reflection of the facility's charges, conditions residents could transition to Medicaid or how residents could contest charges. The admission agreements were also not signed by the administrator.	10/22/13	PwG
3	305.01	The facility did not clarify Resident #2's diet orders or fluid restrictions.	9/13/13	PwG
4	305.03	The facility nurse did not Stage Resident #1 and Resident #2's pressure ulcers.	9/13/13	PwG
5	305.06.a	The facility nurse did not assess Resident #2's ability to safely self-administer insulin.	9/13/13	PwG
6	305.07	The facility did not monitor Resident #1 and Resident #2's insulin usage to determine if medication was received as ordered.	9/13/13	PwG
7	320.01	The residents' Negotiated Service Agreements (NSAs) did not clearly identify the residents' needs or describe the services and the frequency of those services.	9/19/13	PwG
8	325.03	Residents' NSAs were not signed by the resident, their representatives or administrator.	9/13/13	PwG
9	350.02	The administrator did not complete investigations of all incidents.	10/22/13	PwG
10	350.07	The facility did not notify Licensing & Certification of all reportable incidents.	9/13/13	PwG
11	451.01.d	The facility did not document substitutions to the menu.	9/13/13	PwG
12	451.03	The facility did not have therapeutic menus available for residents who required specialized diets.	9/13/13	PwG
13	455	The facility did not have the types and amounts of food available to meet the planned menu.	9/13/13	PwG
14	625.01	Four of four employees did not have 16 hours of orientation, including all required topics (infection control).	9/13/13	PwG

Administrator's  
Signature:

*Debi Moore-Seabold*

Date:

7-11-13





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>Autumn Cove</u>		Operator <u>Debi Moore</u>	
Address <u>652 S. Main, Star</u>			
County <u>Ada</u>	Estab #	EHS/SUR.#	Inspection time: _____ Travel time: _____
Inspection Type:	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	<u>2</u>	# of Retail Practice Violations	<u>2</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>2</u>	Score	<u>2</u>
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
(Y) N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health (2-201)</b>			
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>			
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Control of Hands as a Vehicle of Contamination</b>			
Y N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>			
(Y) N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Protection from Contamination</b>			
(Y) N N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
Y (N) N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Y) N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

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

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
<u>beef/ground beef/Hridge</u>	<u>45°</u>	<u>Chicken nachos</u>	<u>175°</u>				
<u>Maced Apples</u>	<u>45°</u>	<u>(slow)</u>					

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

### OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) <u>Debi Moore Seabold</u> (Print) <u>Debi Moore Seabold</u> Title <u>Admin</u> Date <u>7-11-13</u>
Inspector (Signature) <u>Dan W. Kuschel</u> (Print) <u>Dan W. Kuschel</u> Date <u>7/11/13</u> Follow-up: (Circle One) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



Food Protection Program, Office of Epidemiology  
450 West State Street, Boise, Idaho 83702  
208-334-5938

Page 2 of 2  
Date 7/11/13

Establishment Name <u>Autumn Cove</u>		Operator <u>Dobi Moore</u>	
Address <u>652 S. Main, Star</u>			
County <u>Ada</u>	Estab #	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

- 19. Staff were not sanitizing dishes that were hand washed.
- 20. Not all food items were appropriately date-marked. COS - the food was disposed of.
- 34. Staff wore gloves to prepare food and completed many tasks around the kitchen. They did not remove the gloves and touched food (bread) with contaminated gloves. COS - staff provided education regarding appropriate glove use and hand-washing.
- 35. The refrigerator intermittently fluctuated in temperature and did not consistently keep foods at 41° or lower.

Items #19 + #35 are due by 7/21/13 for correction. Please send evidence no later than this date.

Received    
Yes No

7/13/13 - Evidence supplied by facility has been accepted.

*Tally West-Sci*

Person in Charge <u>Dobi Moore Subold</u>	Date <u>7/11/13</u>	Inspector <u>Wanna Herrick</u>	Date <u>7/11/13</u>
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July 23, 2013

Debi Moore, Administrator  
Autumn Cove Assisted Living LLC  
652 S Main St  
Star, ID 83669

Dear Ms. Moore:

An unannounced, on-site complaint investigation survey was conducted at Autumn Cove Assisted Living, LLC between July 8 and July 11, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00005937**

- Allegation #1:** The facility nurse was not notified when residents fell and sustained injuries.
- Findings #1:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.711.08.e for staff not documenting they had notified the facility nurse when residents had changes in condition. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2:** The facility did not schedule sufficient staffing to meet the residents' needs.
- Findings #2:** Substantiated. However, the facility was not cited as they acted appropriately by increasing their staffing to meet the needs of the residents prior to the complaint investigation.
- Allegation #3:** The facility was not conducting fire drills.
- Findings #3:** Substantiated. The Fire Life Safety survey team conducted an inspection on 6/18/13. The facility was issued a non-core deficiency at IDAPA 16.03.22.410.02 for not conducting a minimum of one fire drill per shift per quarter. The facility was required to submit evidence of resolution within 30 days.

Debi Moore, Administrator

July 23, 2013

Page 2 of 4

Allegation #4: Medications were not available as ordered or were given without a physician's order.

Findings #4: Substantiated. However, the facility was not cited as they acted appropriately by correcting their system and ensuring all medications were available as ordered prior to the complaint investigation. No medication issues were found during the survey process.

Allegation #5: Medications were not secured.

Findings #5: Substantiated. However, the facility was not cited as they acted appropriately by correcting the deficient practice prior to the complaint investigation.

Allegation #6: The facility did not respond appropriately to an infestation of bedbugs.

Findings #6: On 7/8/13 at 9:56 AM, the administrator confirmed there had previously been a bed bug infestation. In December 2012, they thought the bed bugs had been successfully removed. However, there had been an empty room with furniture and no one was aware there were live bed bugs in that room. She further stated the bed bugs began to spread out from that room to other rooms down the hallway. She stated she immediately called the exterminator again and they had come in several more times to treat the building. The administrator also stated there had been no evidence of bed bugs for several months.

Between 7/8 and 7/11/13, four caregivers were interviewed and stated they had not seen bed bugs for several months.

The exterminator notes between 2/27/13 and 4/1/13, documented the bed bugs had been treated and as of 4/1/13, there had been "no evidence of live bed bugs."

Unsubstantiated.

Allegation #7: There were no behavior management plans for residents with behaviors.

Findings #7: A roster was obtained from the facility on 7/8/13, there were no residents with behaviors listed.

Between 7/8 and 7/11/13, residents were not observed to exhibit behaviors that were disturbing to themselves or others.

Between 7/8 and 7/11/13, four resident records were reviewed. None of the four residents had behaviors that would require a behavior management plan.

Between 7/8 and 7/11/13, four caregivers and the administrator were interviewed. They all stated they were not aware of any residents who had behaviors nor did they have any residents on a behavior management plan.

Unsubstantiated.

**Allegation #8:** The facility management turned off the phone leaving the staff without a way to make calls during an emergency.

**Findings #8:** Between 7/8 and 7/11/13, three caregivers and the current administrator were interviewed. None of the staff were aware of a time when the phone was turned off and they were unable to call for assistance.

Between 7/8 and 7/11/13, the facility phone was to be observed being used and in working condition.

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

**Allegation #9:** Negotiated Service Agreements (NSAs) were not current.

**Findings #9:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.320.01 for not updating NSAs to fully describe the residents' needs. The facility was required to submit evidence of resolution within 30 days.

**Allegation #10:** The facility did not have residents' information available to send with residents during an emergency.

**Findings #10:** Between 7/8 and 7/11/13, four residents' records were reviewed. The records contained the required information needed to be given in an emergency.

Between 7/8 and 7/11/13, three caregivers and the administrator were interviewed. They all confirmed emergency information was available when needed.

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

**Allegation #11:** The facility did not serve meals according to the menu.

**Findings #11:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.451.01.d for not documenting substitutions to the menu. Additionally, the facility was issued a deficiency at IDAPA 16.03.22.455 for not having the types and amounts of food available to meet the planned menu. The facility was required to submit evidence of resolution within 30 days.

**Allegation #12:** There were portable heaters in residents' rooms.

**Findings #12:** Substantiated. However, the facility was not cited as they acted appropriately by removing the portable heaters prior to the complaint investigation.

Debi Moore, Administrator

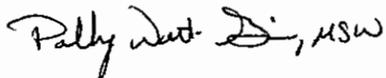
July 23, 2013

Page 4 of 4

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, on **July 11, 2013**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

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,



Polly Watt-Geier, MSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

PWG/TFP

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



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July 23, 2013

Debi Moore, Administrator  
Autumn Cove Assisted Living LLC  
652 S Main St  
Star, ID 83669

Dear Ms. Moore:

An unannounced, on-site complaint investigation survey was conducted at Autumn Cove Assisted Living, LLC between July 8 and July 11, 2013. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00005910**

**Allegation #1:** A resident's dog sits at the table during meals.

**Findings #1:** Between 7/8 and 7/11/13, a resident's dog was observed sitting next to the windows, away from the table, when residents were eating their meals. The dog was not observed to be at the table during any part of the meal, nor was the dog observed contaminating the dishes, dining room tables or food preparation areas.

Between 7/8 and 7/11/13, the resident stated her dog always sat on her walker by the windows and never sat at the table with her at meals.

Between 7/8 and 7/11/13, four caregivers and the administrator were interviewed. They confirmed the resident's dog always sat on the walker seat next to the windows during meal times.

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

**Allegation #2:** Unlicensed staff administered residents' insulin.

**Findings #2:** Substantiated. However, the facility was not cited as they acted appropriately by correcting the deficient practice prior to the complaint investigation.

**Allegation #3:** The facility used bedrails as restraints.

**Findings #3:** On 7/8/13 between 9:45 AM and 11:10 AM, residents' rooms were observed. There were no residents who were currently using bedrails.

On 7/8/13 at 11:09 AM, the administrator confirmed no current residents used bed rails. She stated there had been a resident who previously used bed rails to reposition.

Between 7/8/13 and 7/11/13, four caregivers stated there were currently no residents with bed rails. They stated, when residents had bed rails in the past, they were always in the down position and only raised when the resident was repositioning.

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

Allegation #4: The facility did not schedule sufficient staff to assist with two-person transfers.

Findings #4: Substantiated. However, the facility was not cited as they currently did not have any residents who required a two-person assist with transfers and the current staffing pattern was found to be sufficient to meet the residents' needs.

Allegation #5: A resident smokes while wearing oxygen.

Findings #5: There was insufficient evidence to substantiate this allegation at the time of the investigation.

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

Allegation #6: The facility did not meet all provisions of the Idaho Food Code.

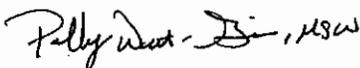
Findings #6: Substantiated. On 7/11/13, a Idaho Food Code inspection was completed. The facility received two violations that required correction within 10 days.

Allegation #7: Residents were left unsupervised when the sole caregiver was giving showers or providing other cares.

Findings #7: Substantiated. However, the facility was not cited as they acted appropriately by increasing staffing to resident ratios prior to 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,



Polly Watt-Geier, MSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

PWG/tfp

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