



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

September 9, 2013

Colbie Gardner, Administrator
Elegant Residential Assisted Living, Inc.
1256 Wright Avenue, Bldg A
Pocatello, ID 83201

License #: RC-916

Dear Ms. Gardner:

On July 24, 2013, a Licensure and complaint investigation survey was conducted at Elegant Residential Assisted Living, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- 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 Karen Anderson, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Karen Anderson, RN
Team Leader
Health Facility Surveyor

KA/TFP

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



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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
Email: ralf@dhw.idaho.gov
PHONE: 208-334-6626
FAX: 208-364-1888

August 14, 2013

CERTIFIED MAIL #: 7007 3020 0001 4050 8135

Colbie Gardner, Administrator
Elegant Residential Assisted Living, Inc.
1256 Wright Avenue, Bldg A
Pocatello, ID 83201

Dear Ms. Gardner:

On July 24, 2013, a complaint investigation and licensure survey was conducted at Elegant Residential Assisted Living, Inc. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that nineteen (19) non-core issue deficiencies were identified on the punch list and ten (10) were identified as repeat punches. Six (6) of the repeat deficiencies (16.03.22.320.01 - Resident NSA's not being congruent with cares being provided; 16.03.22.350.02 - Failure of the administrator to investigate all accidents and incidents; and 16.03.22.711.02 - failure of the facility to provide written responses to complainants) were previously cited on two (2) consecutive surveys. Please review the non-core issue deficiencies and correct them to ensure further enforcement actions do not arise. As explained during the exit conference, the completed punch list form and accompanying evidence of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than **August 23, 2013**.

One (1) of the repeat deficiencies, relating to the facility's failure to evaluate resident behaviors, has been cited on three (3) consecutive surveys, as follows:

- 01/28/2010
- 04/20/2010
- 11/18/2011

This deficiency, which has been cited on three consecutive surveys, is a direct violation of the following administrative rules for Residential Care or Assisted Living Facilities in Idaho:

IDAPA 16.03.22.225. REQUIREMENTS FOR BEHAVIOR MANAGEMENT.

01. Evaluation for Behavior Management. The facility evaluation must include the following:

- a. Identification if the resident behavior is transitory or permanent;
- b. Review of the resident's previous behaviors and activities;
- c. Review of baseline data including intensity, duration and frequency of the resident behavior;
- d. Identification of recent changes in the resident's life, such as a death in the family, change in resident's daily routine, or changes in the Resident's Negotiated Service Agreement;
- e. Identification of environmental causes that could contribute to the resident's behavior such as excessive heat, noise, overcrowding, hunger, staffing;
- f. Rule out possible medical causes such as pain, constipation, fever, infection, or medication side effects; and
- g. Identification of events that trigger behavioral symptoms.

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).

Based on findings that you failed to have residents assessed by the nurse after a change in their health status, the Department is imposing the following penalties:

For the dates of November 18, 2011 through July 24, 2013:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	1	43	614	\$ 264,020

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 43 occupied beds at the time of the survey. Therefore, your maximum penalty is: \$6,400.

Send payment of \$6,400 by check or money order, made payable to:

Licensing and Certification

Colbie Gardner
August 14, 2013
Page 3 of 3

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.

Please be advised that you may contest this decision by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, **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
Department of Health and Welfare
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009

If you fail to file a request for administrative review within the time allowed, this decision shall become final.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,



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

KA/TFP

cc: Steve Millward, Licensing & Certification

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2013
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NAME OF PROVIDER OR SUPPLIER ELEGANT RESIDENTIAL ASSISTED LIVING, IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1256 WRIGHT AVENUE, BLDG A POCATELLO, ID 83201
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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
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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/complaint survey conducted on 7/22/2013 through 7/24/2013 at your facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Elegant Residential	Physical Address 1256 Wright Ave.	Phone Number 208-478-9400
Administrator Colbie Gardner	City Pocatello	Zip Code 83201
Team Leader Karen Anderson	Survey Type Licensure and Follow-up	Survey Date 07/24/13

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.06.c	The facility did not complete a state police check on a rehired employee.	9/9/13	KA
2	210	The facility did not have a comprehensive activity program to promote each resident's participation. **previously cited 1/28/10**	9/9/13	KA
3	220.03	The admission agreement did not disclose all prices, formulas and calculations used to determine residents' rates.	9/9/13	KA
4	220.05	The admission agreement did not disclose whether or not the facility carried liability insurance.	9/9/13	KA
5	220.14	The admission agreement did not contain information regarding advance directives.	9/9/13	KA
6	220.17	The admission agreement did not disclose the conditions under which the residents can remain in the facility if their payment shifts to a publicly funded program.	9/9/13	KA
7	225.01	The facility did not evaluate Resident #2, 5 and 6's behaviors. For example: Resident #2's resistance to ADL assistance and Resident #5 accusing other residents of stealing her belongings. **previously cited on 1/28/10, 4/20/10 and 11/18/11**	9/9/13	KA
8	225.02	The facility did not develop specific interventions for specific behaviors. For example: The intervention listed for Resident #2's behavior was a PRN Seroquel. **previously cited 11/18/11**	9/9/13	KA
9	250.10	Water temperatures were not maintained between 105 and 120 degrees Fahrenheit. **previously cited 1/28/10**	9/9/13	KA
10	250.14	The facility did not provide a secure exterior environment for residents with cognitive impairment.	9/9/13	KA
11	310.01	Medications were unsecured in the refrigerator in building 3. **previously cited 1/28/10**	9/9/13	KA
12	320.01	Resident #5's NSA was not congruent with the cares (bathing assistance) being provided. **previously cited 1/28/10 and 11/18/11**	9/9/13	KA
Response Required Date 08/23/13	Signature of Facility Representative <i>Colbie Gardner</i>		Date Signed 7-23-13	



ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Elegant Residential	Physical Address 1256 Wright Ave.	Phone Number 208-478-9400
Administrator Colbie Gardner	City Pocatello	Zip Code 83201
Team Leader Karen Anderson	Survey Type Licensure and Follow-up	Survey Date 07/24/13

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
13	335.03	Caregivers were observed inappropriately using gloves during food preparation. Hand-washing and glove use was not done properly. Paper towels were not available at all sinks. Building #2 did not have an approved sanitizer for cleaning the food prep surfaces. Hand towels were observed at multiple common use sinks. *previously cited on 11/18/11**	9/9/13	KA
14	350.01	Not all accidents and incidents were reported to the administrator.	9/9/13	KA
15	350.02	The administrator did not investigate all accidents and incidents. **previously cited on 1/28/10 and 4/20/10**	9/9/13	KA
16	430.03	A random resident did not have a bed in her room.	9/9/13	KA
17	600.06.a	Staff went out to smoke and left residents unsupervised.	9/9/13	KA
18	711.01	The facility did not track Residents #2 and 6's behaviors. **previously cited 11/18/11**	9/9/13	KA
19	711.02	The facility did not provide a written response to complainants. **previously cited 1/28/10 and 4/20/10**	9/9/13	KA

Response Required Date 08/23/13	Signature of Facility Representative <i>Colbie Gardner</i>	Date Signed 7-23-13
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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>Elegant Residential</u>		Operator: <u>Cobie Gardner</u>	
Address: <u>1256 Wright Ave</u>		<u>Boise Idaho 83201</u>	
County: <u>Bannock</u>	Estab #:	EHS/SUR#:	Inspection time:
Inspection Type:		Risk Category: <u>High</u>	Follow-Up Report: OR On-Site Follow-Up: Date: _____ Date: _____

# of Risk Factor Violations: <u>34</u>	# of Retail Practice Violations: <u>1</u>
# of Repeat Violations: _____	# of Repeat Violations: _____
Score: <u>34</u>	Score: <u>1</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.

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

	Potentially Hazardous Food Time/Temperature	COS	R
<u>Y</u> N <u>N/O</u> <u>N/A</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> 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		
<u>Y</u> N <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> 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		
<u>Y</u> N <u>N/A</u>	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
<u>Y</u> 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 = 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>KAN Hamburgers / Fry</u>	<u>50</u>	<u>Chicken / Oven</u>	<u>183</u>				
<u>Apple Sauce / Hot</u>	<u>37</u>	<u>Propane / Fryer</u>	<u>45</u>				
<u>Yogurt / Fridge</u>	<u>36</u>						

GOOD RETAIL PRACTICES (input X = 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42. Food utensils/in-use	<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"/>	<input type="checkbox"/> 43. Thermometers/Test strips	<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"/>	<input type="checkbox"/> 44. Warewashing facility	<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"/>	<input type="checkbox"/> 45. Wiping cloths	<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"/>	<input type="checkbox"/> 46. Utensil & single-service storage	<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"/>	<input type="checkbox"/> 47. Physical facilities	<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"/>	<input type="checkbox"/> 48. Specialized processing methods	<input type="checkbox"/>
			<input type="checkbox"/> 41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49. Other	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature): <u>Cobie Gardner</u> (Print) <u>7/24/13</u> Title _____ Date _____	Inspector (Signature): <u>[Signature]</u> (Print) <u>Gloria Keenan</u> Date <u>7/24/13</u>	Follow-up: (Circle One) <u>Yes</u> / <u>No</u>
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Food Protection Program, Division of Health
450 W. State Street, Boise, Idaho 83720-0036
208-334-5938

Page 2 of 2
Date 7/24/13

Establishment Name Elegant Residential	Operator Coardner, Cobie
Address 1256 Wright Ave	Pocatello 83201
County Estab # Bannock	EHS/SUR.# License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

- #12 - Building #2 did not use approved cleaner to clean and sanitize food contact surfaces.
- #13 - Building #2 - Canned tuna was dented in multiple areas - COS - Staff discarded the dented cans.
- #19 - Building #1 - Raw hamburgers in fridge temped at 50° - COS - hamburger thrown out - Building #2 - mayonaisse temped at 45° in fridge - COS - mayonaisse thrown out
- #20 - Building #1 and #2 did not date mark opened containers in the fridge -
- #34 - Staff were observed touching bag and then contaminating ready to eat foods - Not washing hands prior to ~~fix~~ putting on gloves
- * For all items above - A plan of correction is needed within 10 days if not corrected on site.
Due - 8/3/13

Person in Charge Cue Gann	Date 7-23-13	Inspector 	Date 7/24/13
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CFP00-02-02

Response to our Food Establishment Inspection Report conducted on 7/24/2013

#20, Building #1 & #2 did not date mark opened containers in the fridge.

#34, Staff were observed touching hair and then contaminating ready to eat food-not washing hands prior to putting on gloves.

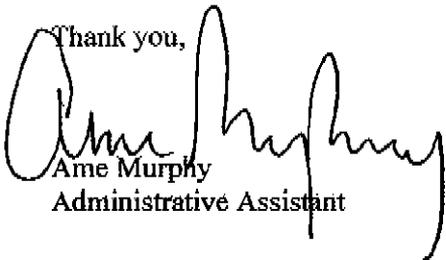
We are currently conducting a food handlers and safety in-service. We have broken the employees up into 3 groups schedule for July 16th, July 23rd and July 30th. In this in-service we are going over the manual for the Idaho Health and Welfare Food Protection Program that is provided via the Health and Welfare Website. We follow that up with a the test that is provided along with the manual. We have also included a sheet we have typed up that again, covers appropriate gloving techniques, steps to keep the food prep and service clean and free of any contamination, and the proper way to store and label foods in the fridge and freezer. To date, 10 employees have attended and the remaining 18 employees are scheduled to attend the in-service on July 30th.

We have also designed and placed some signs in all kitchen work areas that state the steps and order in which you must take to get prepared for food prep and service, along with proper labeling of the food.

We now have a designated area with the proper tools employees will need to use when marking and labeling food items. A small tupperware bowl will be velcroed inside the kitchen drawer. Inside the bowl will be a note reminding employees of the proper dating and marking steps, a black permanent maker and masking r freezer tape.

I have attached a copy of the signs we have placed in each kitchen and a copy of the form we typed up ourselves, that is part of food handling and safety in-service stating the proper gloving techniques, the memo for proper food labeling and marking steps and a copy of the up to date in-service roster. I can fax the final one to you after the July 30th meeting. This will show all employees signatures.

If you have any questions, please feel free to contact us at (208) 478- 9400 ext 4

Thank you,

Ame Murphy
Administrative Assistant

Marking and labeling items in the fridge and Freezers

Items you will need to use when marking & labeling food.

Permanent black marker
Masking or freezer tape

Write on the tape what is being stored, date it was prepared, date it needs to be thrown out and your initials.

Proper Gloving Techniques

When putting on glove to prep or serve any food item, the following steps must be followed, in the order listed.

1. Wash Hand (20 seconds)
2. Put on Apron
3. Put on Hair Net
4. Wash Hands (20 seconds)
5. Put on Gloves

The steps below must be followed at ALL times to insure safe, healthy and non-contaminated food is prepared and served to our residents.

- **ALWAYS WASH HANDS BEFORE PUTTING ON GLOVES.**
- **ALWAYS WASH HANDS AFTER REMOVING GLOVES.**
- Change gloves often.
- Wash hands often.
- Change gloves when going from one food prep to another.
- Take gloves off when you leave the kitchen.
- Take apron off when you leave the kitchen.
- Put CLEAN gloves on when you re-enter the kitchen.
- Put CLEAN apron on when you re-enter the kitchen.

Marking and dating foods in Fridge & Freezer

Any food that is placed in an approved container must be:

- 1. Labeled with what food is inside.**
- 2. Dated with the date it was prepared.**
- 3. Date it needs to be removed and thrown out.**
- 4. Employee initials that is placing food in fridge/freezer**

Proper Gloving Techniques

1. Wash Hand (20 seconds)
2. Put on Apron
3. Put on Hair Net
4. Wash Hands (20 seconds)
5. Put on Gloves

The steps below must be followed at ALL times.

- **ALWAYS WASH HANDS *BEFORE* PUTTING ON GLOVES.**
- **ALWAYS WASH HANDS *AFTER* REMOVING GLOVES.**
- Change gloves often.
- Wash hands often.
- Change gloves when going from one food prep to another.
- Take gloves off when you leave the kitchen.
- Take apron off when you leave the kitchen.
- Put **CLEAN** gloves on when you re-enter the kitchen.
- Put **CLEAN** apron on when you re-enter the kitchen.

INSERVICE LOG

TOPIC: Food Safety Training

PRESENTER: Colbie Gardner - administrator

METHOD OF PRESENTATION: Verbal

LENGTH: 1 1/2 hr

DATE: 7-16, 7-23, 7-30

ATTENDANCE

Beth Brown	
Kristi Taylor	
Jean Arney	
Dorshia Hartman	
Angela [unclear]	
Zachelle Layton	
[unclear]	
Tamara [unclear]	
Ann [unclear]	
Colie [unclear]	



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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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

August 14, 2013

Colbie Gardner, Administrator
Elegant Residential Assisted Living, Inc.
1256 Wright Avenue, Bldg A
Pocatello, ID 83201

Dear Ms. Gardner:

An unannounced, on-site complaint investigation survey was conducted at Elegant Residential Assisted Living, Inc between July 22, 2013 and July 24, 2013. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005984

Allegation #1: The facility was not keeping an identified resident's nebulizer clean.

Findings #1: Insufficient evidence was available at the time of the investigation to substantiate this allegation.

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

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,

Karen Anderson
Health Facility Surveyor
Residential Assisted Living Facility Program

KA/tp

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



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Elegant Residential Assisted Living, Inc
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Pocatello, ID 83201

Dear Ms. Gardner:

An unannounced, on-site complaint investigation survey was conducted at Elegant Residential Assisted Living, Inc between July 22 and July 24, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005717

Allegation #1: The facility RN did not conduct an assessment when an identified resident fell and broke her hip.

Findings #1: Substantiated. However, the facility was not cited as the facility RN, at the time of the incident, no longer worked at the facility and all nursing assessments had been conducted and documented by the current facility RN for residents' changes of conditions.

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

Findings #2: On 7/22/13, a tour of the facility's three buildings was conducted. One resident's room was observed with a soiled brief in the trash and some pieces of tissue on the floor. However, on 7/23/13 and 7/24/13, the room was observed to be clean and vacuumed. There were no foul odors detected in the room. All other residents' rooms were observed to be clean and odor free.

There were some minor interior items identified in the buildings that required attention. For example: Two showers were in need of cleaning, paint was chipped off the walls in some places and some patches on walls needed to be repainted.

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

Allegation #3: The facility was not following their planned menu.

Colbie Gardner, Administrator

August 14, 2013

Page 2 of 2

Findings #3: On 7/22/13 through 7/24/13, an Idaho Food Inspection was conducted in all three buildings of the facility. Observations were made of the pantries, refrigerators, freezers and cabinets. Menus were observed and the food that was available was consistent with the dietitian approved menus.

From 7/22/13 through 7/24/13, interviews were conducted with kitchen staff and they stated if the menu was not followed, they documented on the menu what food was substituted. Twenty-nine residents and two family members were interviewed. None of them expressed concern with the menu or food provided.

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

Allegation #4: Staff were not using gloves when preparing ready to eat foods.

Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.335.03 for inappropriately using gloves during food preparation. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: Hot water was not maintained between 105 and 120 degrees Fahrenheit.

Findings #5: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.250.10 for not maintaining water temperatures between 105 and 120 degrees Fahrenheit. The facility was required to submit evidence of resolution within 30 days.

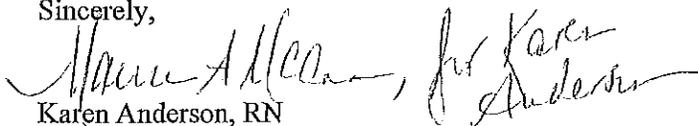
Allegation #6: Night shift caregivers were leaving residents alone in the building when they went outside to smoke.

Findings #6: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06.a. for leaving residents unsupervised when going outside the facility to smoke. The facility was required to submit evidence of resolution within 30 days.

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 24, 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,



Karen Anderson, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

KA/TFP

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