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

October 17, 2014

Billie Jean Henry, Administrator
Country Living Retirement Homes, Inc
1852 East 3900 North
Buhl, Idaho 83316

Provider ID: RC-792

Ms. Henry:

On July 25, 2014, a follow-up visit to the complaint investigation survey of August 28, 2013 was conducted at Country Living Retirement Homes, 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 Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor

MM/sc

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

IDAHO DEPARTMENT OF
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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
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August 6, 2014

Billie Jean Henry, Administrator
Country Living Retirement Homes, Inc
1852 East 3900 North
Buhl, Idaho 83316

Provider ID: RC-792

Ms. Henry:

On July 25, 2014, a follow-up visit to the complaint investigation survey of August 28, 2013, was conducted at Country Living Retirement Homes, Inc.. The core issue deficiencies issued as a result of the August 28, 2013, survey have been corrected.

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. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 24, 2014.

Should you have questions, please contact me at (208) 364-1962.

Sincerely,

RN for

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

MM/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	13R792		07/25/2014

NAME OF PROVIDER OR SUPPLIER

COUNTRY LIVING RETIREMENT HOMES, INC

STREET ADDRESS, CITY, STATE, ZIP CODE

1852 E 3900 NORTH
BUHL, ID 83316

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments The 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 survey conducted on 7/23/14 through 7/25/14 at your facility. The surveyors conducting the survey were: Maureen Mc Cann, RN Team Coordinator Health Facility Surveyor Karen Anderson, RN Health Facility Surveyor	R 000		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

08/04/2014 1:19 PM FAX 2083266561 COUNTRY LIVING RET HOMES 0002/0003

IDAHO DEPARTMENT OF HEALTH & WELFARE

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, ID 83720-0036
(208) 364-1952 Fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues Punch List

Facility	License #	Physical Address		Phone Number
COUNTRY LIVING RETIREMENT HOMES INC.	RC-792	1852 EAST 3900 NORTH		(208) 326-6560
Administrator	**City**		**ZIP Code**	**Survey Date**
Bille Jean Henry	BUHL		83316	July 25, 2014
Survey Team Leader	**Survey Type**			**RESPONSE DUE:**
Maureen McCann	Follow-up and Licensure follow-up			August 24, 2014
Administrator Signature Bille Henry	**Date Signed** 8/4/14			

NON-CORE ISSUES

PAGE II of II

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Initials
1	009.06	A caregiver on the night shift worked alone without a completed State Police background check.	8/26/2014	MMK
2	250.14	The facility admitted and retained cognitively impaired residents but did not have an interior environment and exterior yard which was secure and safe.	8/26/14	MMK
3	305.03	The facility nurse did not assess residents' changes of condition such as wounds, falls, weight changes and illnesses. ****PREVIOUSLY CITED ON 9/27/13****	8/26/14	MMK
4	305.04	The faculty nurse did not make recommendations to the administrator and caregivers regarding residents' health needs that required follow-up. Such as: Resident #1's foley bag care, Resident #1's #3's and #4's dietary changes or Resident 3 #'s wound care or skin care precautions ****PREVIOUSLY CITED ON 9/27/13****	8/26/14	MMK
5	320.01	Residents' NSAs were not updated to clearly identify each resident's care needs, such as: Resident #1's need for an air boot, Resident #2's assistance with transfers and current diet needs, Resident #3's wound care or skin care precautions and Resident #4's supervision and diet needs.	10/16/14	MMK
6	368.02 5.	Resident #2's medication was not given as ordered by the physician. The physician ordered lorazapam to be given as needed for "sleep." The facility nurse documented it was for "pain or anxiety". A caregiver documented she gave the medication for wandering. The psychotropic medication review form documented the lorazapam was given when the resident grinded her teeth.	10/16/14	MMK
7	310.01.a	Medications were observed not secured and unattended by staff.	10/16/14	MMK
8	350.04	The administrator did not respond in writing to all complaints within 30 days.	10/16/14	MMK
9	711.07	The facility did not have copies of Resident #4's care plan from an outside agency.	10/16/14	MMK
10	711.08	Four of 4 sampled residents records did not contain care notes signed and dated by the person providing the care and services to residents.	10/16/14	MMK
11	711.08.c	The facility did not document all unusual events, such as when Resident #2 wandered outside of the facility, requiring staff to escort the resident back into the building.	10/16/14	MMK

IDAHO DEPARTMENT OF HEALTH & WELFARE

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

ASSISTED LIVING
Non-Core Issues Punch List

Facility	License #	Physical Address		Phone Number
COUNTRY LIVING RETIREMENT HOMES INC.	RC-792	1852 EAST 3900 NORTH		(208) 326-6560
Administrator	**City**		**ZIP Code**	**Survey Date**
Billie Jean Henry	BUHL		83316	July 25, 2014
Survey Team Leader	**Survey Type**			**RESPONSE DUE:**
Maureen McCann	FOLLOW-UP AND LICENSURE SURVEY/FOLLOW-UP			August 24, 2014
Administrator Signature Billie Henry	**Date Signed** 8/4/14			

NON-CORE ISSUES

PAGE II of II

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Initials
12	711.08.f	The facility did not have copies of Resident #1's and #3's care notes from an outside agency.	10/16/14	[illegible]
13	711.13	The facility nurse did not complete nurse assessments which included all requirements outlined in rule 305. ****PREVIOUSLY CITED ON 9/27/13****	10/16/14	[illegible]
14	730.03.a	The facility did not maintain written work records which included personnel on duty, at any given time.	10/16/14	[illegible]
15	215	The facility did not offer activites as required in the state rules.	10/16/14	[illegible]
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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

Establishment Name: Retirement Homes Country Living		Operator: Billy Jean Henry	
Address: 1850 E 900 North		Buhl 83316	
County: TF	Estab #:	EHS/SUR #: 20828	Inspection time: / Travel time:
Inspection Type:	Risk Category: High	Follow-Up Report: Date:	OR On-Site Follow-Up: Date:

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

Critical Violations		Noncritical Violations	
# of Risk Factor Violations	2	# of Retail Practice Violations	0
# of Repeat Violations	0	# of Repeat Violations	
Score	2	Score	0
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	☐	☐
	Employee Health (2-201)		
(Y) N	2. Exclusion, restriction and reporting	☐	☐
	Good Hygienic Practices		
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	☐	☐
(Y) N	4. Discharge from eyes, nose and mouth (2-401)	☐	☐
	Control of Hands as a Vehicle of Contamination		
(Y) N	5. Clean hands, properly washed (2-301)	☐	☐
Y (N)	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	☒	☐
(Y) N	7. Handwashing facilities (5-203 & 6-301)	☐	☐
	Approved Source		
(Y) N	8. Food obtained from approved source (3-101 & 3-201)	☐	☐
(Y) N	9. Receiving temperature / condition (3-202)	☐	☐
(Y) N N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	☐	☐
	Protection from Contamination		
(Y) N N/A	11. Food segregated, separated and protected (3-302)	☐	☐
(Y) N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	☐	☐
(Y) N	13. Returned / reservice of food (3-306 & 3-801)	☐	☐
(Y) N	14. Discarding / reconditioning unsafe food (3-701)	☐	☐

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

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

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Spaghetti meat sauce				hamburger	41°		
Yogurt	42°	Egg Salad	42°				

GOOD RETAIL PRACTICES (☒ = not in compliance)

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

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature): Billie Henry	(Print): Billie Henry	Title:	Date: 7/25/14
Inspector (Signature): Karen Anderson	(Print): KAREN Anderson	Date: 7/25/14	Follow-up: (Circle One) Yes No

IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

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

Date 7/25/14

Establishment Name	Operator
Country Living Retirement + Homes	Billy Jean Henry
Address: 1852 E 3900 North	Buhl 83316
County: T.E. Estab #: EHS/SUR #: 20828	License Permit #:

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#6: Kitchen Staff were observed on 7/23 & 7/24/14 to not change gloves or wash their hands between kitchen tasks and then touching food with soiled gloves.

COS: Instructed staff to use clean gloves when touching ready to eat foods.

#15: Kitchen Staff were observed on 7/23 & 7/24/14 to not temp potentially Hazardous Food to ensure they reached proper cooking temperatures.

COS: The facility was given Food Code information for the proper food temperatures for cooking and cooling. As well as information on risk of food borne illness of consuming undercooked foods.

Person in Charge	Date	Inspector	Date
Billy Henry	7/25/14	Karen Anderson	7/25/14