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 17, 2013

Jill Williams, Administrator
Rigby Country Living
4202 East 300 North
Rigby, ID 83442

License #: RC-914

Dear Ms. Williams:

On August 8, 2013, a Complaint Investigation and Licensure survey was conducted at Rigby Country Living-Rural Assisted Living Facilities, LLC. 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 Matt Hauser, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Rae Jean McPhillips RN, BSN
for

Matt Hauser
Team Leader
Health Facility Surveyor

MH/tfp

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
EMAIL: RALF@DHW.IDAHO.GOV
PHONE: 208-364-1962
FAX: 208-364-1888

August 15, 2013

Jill Williams, Administrator
Rigby Country Living-Rural Assisted Living Facility
4202 East 300 North
Rigby, ID 83442

Dear Ms. Williams:

On August 8, 2013, a complaint investigation and licensure survey was conducted at Rigby Country Living-Rural Assisted Living Facility. 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 fifteen (15) non-core issue deficiencies were identified on the punch list and four (4) were identified as repeat punches. 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 September 7, 2013.

If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, or on a subsequent survey visit, it is determined that any of these deficiencies still exist, the Department will have no alternative but to initiate the enforcement of civil monetary penalties, as described in IDAPA 16.03.22.910.02 and IDAPA 16.03.22.925.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

a. Issuance of a provisional license
b. Limitations of admissions to the facility
c. Hiring a consultant who submits periodic reports to Licensing and Certification
d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. 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,

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

MH/tfp

Enclosure

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
	13R914		C 08/08/2013

NAME OF PROVIDER OR SUPPLIER: RIGBY COUNTRY LIVING-RURAL ASSISTED LI

STREET ADDRESS, CITY, STATE, ZIP CODE: 4202 EAST 300 NORTH RIGBY, ID 83442

(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 and complaint surveys conducted on 8/7/2013 through 8/8/2013 at your facility. The surveyors conducting the survey were: Matt Hauser, QMRP Team Coordinator Health Facility Surveyor Rachel Corey, RN Health Facility Surveyor Gloria Keathley, LSW Health Facility Surveyor	R 000		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Reset Form | Print Form

IDAHO DEPARTMENT OF
HEALTH & WELFARE

MEDICAID LICENSING & CERTIFICATION - RALF
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Rigby Country Living	4202 E. 300 N	745-9096
Administrator	**City**	**Zip Code**
Jill Williams	Rigby	83442
Team Leader	**Survey Type**	**Survey Date**
Matt Hauser	Relicensure Follow-up + Complaint	08/08/13

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.04	The facility did not submit 1 of 5's staff for finger prints for background checks within 21 days of hire.	9/30/13	
2	220.02	The admission agreement did not clearly reflect how rates were determined, nor was it accurate regarding private rooms being available.	9/30/13	
3	220.16	The admission agreement did not include the method to contest charges.	10/1/13	
4	220.17	The admission agreement did not disclose the conditions under which a resident could remain in the facility if the resident transitioned to	10/1/13	
		Medicaid.		
5	305.02	The facility did not have current physician orders for Resident #1, #2, and #4. Additionally, all medications were not available for Resident	10/1/13	
		#1 and #2.		
6	305.03	The facility RN did not assess changes in condition, such as resident #1's wound or when he returned from hospitalizations, Resident #4's	10/10/13	
		change in mental condition, and Resident #5's dizzy spells.		
7	310.04.e	The facility did not conduct psychotropic medication reviews for Residents #1, #2, #3, and #4. PREVIOUSLY CITED 5/11/11	10/1/13	
8	350.02	The administrator did not document investigations of all incidents and accidents.	10/1/13	
9	350.04	The administrator did not provide a written response to all complainants. PREVIOUSLY CITED 5/11/11	10/1/13	
10	630.02	3 of 5 staff did not have documentation of specialized training in Mental Illness.	10/1/13	
11	630.03	3 of 5 staff did not have documentation of specialized training in developmental disablities.	10/1/13	
12	630.04	3 of 5 staff did not have documentation of specialized training in TBI. PREVIOUSLY CITED 5/11/11	10/1/13	

Response Required Date	Signature of Facility Representative	Date Signed
09/07/13	Jill Williams	8/8/13

Reset Form | Print Form

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P.O. Box 83720
Boise, ID 83720-0036
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Rigby Country Living	4202 E. 300 N	745-9096
Administrator	**City**	**Zip Code**
Jill Williams	Rigby	83442
Team Leader	**Survey Type**	**Survey Date**
Matt Hauser	Relicensure Follow-up + Complaint	08/08/13

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
13	640	1 of 5 staff did not have 8 hours of continuing education. PREVIOUSLY CITED 5/11/11	10/1/13	
14	711.08.c	The facility did not document their response to unusual events/incidents.	10/10/13	
15	711.08.e	Caregivers did not document each time they notified the facility RN.	10/10/13	
16	~~725.01~~	~~The admission and discharge record was not kept current. PREVIOUSLY CITED 5/11/11~~ error		

Response Required Date	Signature of Facility Representative	Date Signed
09/07/13	Jill Williams	8/8/13

Date 8/8/13 Page 1 of 2

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: Rigby Country Living	Operator: Jill Williams
Address: 4202 E 300 N Rigby	
County: Jefferson; Estab #: ; EHS/SUR #:	Inspection time: 11:00 AM; Travel time:
Inspection Type: Standard; Risk Category: High	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.

Critical Violations	Noncritical Violations
# of Risk Factor Violations: 2	# of Retail Practice Violations: 2
# of Repeat Violations:	# of Repeat Violations:
Score: 2	Score: 2
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.

		COS	R
	Demonstration of Knowledge (2-102)		
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)	☐	☐

		COS	R
	Potentially Hazardous Food Time/Temperature		
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
Chicken	42	Hot dog	172	Ham	45		
Meat loaf	168	Cottage cheese	43	Sausage	46		

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) [signature] (Print) Jill Williams Title Manager Date 8/8/13

Inspector (Signature) [signature] (Print) Rachel [illegible] Date 8/8/13

Follow-up: (Circle One) Yes No

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

Date 8/8/13

Establishment Name	Operator
Rigby County Living	Jill Williams
Address 420 E 300 N Rigby	
County Estab # Jefferson EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

19 Items in the refrigerator ~~[illegible]~~ measured greater than 41 degrees.
Evidence of resolution due 8/18/13

22 A consumer advisory was not posted despite the facility serving over-easy eggs. The facility corrected on site by posting a consumer advisory.

39 Frozen hamburger was observed thawing in the sink. The cook corrected on site by running continual cold water over the meat then placing the meat in the refrigerator.

44 Sanitizing solution was not strong enough when utilized in the 3 sink warewashing process.
Evidence of resolution due 8/18/13

Person in Charge	Date	Inspector	Date
Jill Williams	8/8/13	[illegible]	8/8/13

IDAHO DEPARTMENT OF HEALTH & WELFARE

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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626
FAX: 208-364-1888

August 15, 2013

Jill Williams, Administrator
Rigby Country Living-Rural Assisted Living Facility
4202 East 300 North
Rigby, ID 83442

Dear Ms. Williams:

An unannounced, on-site complaint investigation survey was conducted at Rigby Country Living-Rural Assisted Living Facility between August 7 and August 8, 2013. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005998

Allegations #1: The facility did not have an effective rodent control program.

Findings #1: On 8/8/13, all the residents' rooms and the facility were observed to be rodent free and no rodent droppings were noted. Additionally, mouse traps were observed throughout the facility.

On 8/8/13, from 9:00 AM through 11:30 AM, all the residents were interviewed. Most of the residents stated they had seen a mouse at one time or another, but added that the facility had set traps and put poison out to get rid of the mice. All of the residents stated they had not seen any mice recently or since the facility started the rodent control program.

On 8/8/13, at 11:30 AM, the administrator stated she was aware the facility had a mouse problem. She stated they were currently using mouse traps, a cat, and Clorox bleach to keep mice away. She further stated that each winter the facility had to increase their rodent control program, when the weather got colder, because the mice would try to get in again.

Unsubstantiated.

Allegation #2: There was mold found in an identified resident's room.

Findings #2: On 8/7/13, the identified resident's room was observed. The room did not have any signs of mold.

On 8/7/13 at 8:45 AM, the identified resident stated she was not aware of any mold in the room. The resident stated staff assisted her with cleaning one time per week and thought if there was a mold problem, staff would have told her.

On 8/8/13 at 11:30 AM, the facility administrator stated she was not aware of any mold problems in the building.

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,

Matt Hauser
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/tfp

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

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August 15, 2013

Jill Williams, Administrator
Rigby Country Living-Rural Assisted Living Facility
4202 East 300 North
Rigby, ID 83442

Dear Ms. Williams:

An unannounced, on-site complaint investigation survey was conducted at Rigby Country Living-Rural Assisted Living Facility between August 7 and August 8, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005916

Allegation #1: The facility did not appropriately monitor an identified resident's medications, when she overdosed on pain medications.

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

Unsubstantiated. However, the facility did received a deficiency at 16.03.22.305.03, for the facility nurse not assessing residents for changes of condition.

Allegation #2: The facility did not respond when a resident was a danger to herself.

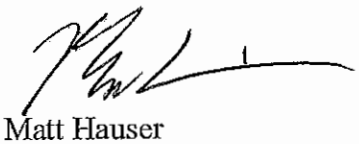
Findings #2: Insufficient evidence was available at the time of the investigation to substantiate this allegation.

Unsubstantiated.

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 **August 8, 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) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



Matt Hauser
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/tfp

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

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August 15, 2013

Jill Williams, Administrator
Rigby Country Living-Rural Assisted Living Facility
4202 East 300 North
Rigby, ID 83442

Dear Ms. Williams:

An unannounced, on-site complaint investigation survey was conducted at Rigby Country Living-Rural Assisted Living Facility between August 7 and August 8, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005891

Allegation #1: The administrator did not treat residents with dignity and respect.

Findings #1: On 8/7/13 from 9:00 AM through 11:30 AM, all the residents were interviewed. All of the residents stated the administrator treated them with dignity and respect. None of the residents stated they had ever witnessed the administrator yell at other residents or call residents mean names.

From 8/7/13 through 8/8/13, six staff were interviewed. All staff stated they had never witnessed or heard the administrator (or anyone else) yell at residents or call the residents names. They further stated, the administrator treated all residents with dignity and respect.

On 8/8/13, three outside service providers were interviewed. All of them stated the administrator treated the residents very well, was very patient with the residents, and did not yell at the residents.

The facility's complaint log was reviewed on 8/8/13. There were no complaints documented regarding the administrator not treating residents with dignity and respect.

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

Allegation #2: The facility did not have enough staff to meet all of the residents' needs.

Findings #2: Observations were conducted on 8/7/13 from 9:00 AM through 3:30 PM. Sufficient staff were observed assisting residents with their needs throughout the observations. Two direct caregivers, a medications aide, and a kitchen manager/cook were observed to be available to assist the residents. Additionally, the home manager and administrator were also observed to be available to assist residents, if needed.

The facility's staff schedule was reviewed on 8/7/13. The staff schedule confirmed there were always two caregivers, a medication aide and a kitchen staff available, except during the night shift when only two staff were scheduled.

Six random residents' "Adaptive Skill Sheets" were reviewed throughout the survey. All "Adaptive Skill Sheets" documented that resident received appropriate assistance from staff to meet their needs.

All of the residents were interviewed on 8/7/13. All of the residents stated there was enough staff to help them, if they required help. Two residents also stated they felt there were "too many" staff and at times there was not enough to keep the staff busy.

Six staff members were interviewed from 8/7/13 though 8/8/13. All of the staff members stated they felt there were always enough staff available to meet the residents' needs.

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

Allegation #3: Staff were not trained on how to handle an identified resident's behaviors.

Findings #3: Insufficient evidence was available at the time of the investigation to validate this allegation.

Unsubstantiated.

Allegation #4: The facility exploited residents.

Findings #4: On 8/7/13 through 8/8/13, eleven residents were interviewed. All denied being exploited.

On 8/7/13 at 2:30 PM, the administrator stated the facility charged private pay residents one set rate, which included assistance with all care needs. She further stated, the facility did not currently offer private rooms, so residents with roommates would not receive a discounted room rate.

On 8/8/13, a private pay resident's admission agreement was reviewed. The admission agreement was signed by the resident and conservator. The admission agreement documented the room rate the facility charged the resident. There were no invoices which indicated the resident was charged an amount different from the amount stated in the admission agreement. On 8/7/13 at 2:50 PM, a message was left with the conservator

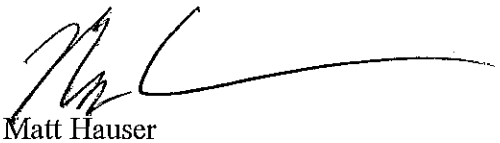
to call with any billing concerns. The conservator did not call back with any identified concerns.

Unsubstantiated. However, the facility was cited at 16.03.22.220.02, for the admission agreement not clearly describing how rates were calculated or accurately reflecting the facilities ability to offer private rooms.

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 **August 8, 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,



Matt Hauser
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/tfp

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