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

November 12, 2014

Trevor Stewart, Administrator
Courtyard at Coeur d'Alene
2100 East Sherman Avenue
Coeur d'Alene, Idaho 83814

Provider ID: RC-1065

Mr. Stewart:

On August 19, 2014, an initial state licensure survey was conducted at The Courtyard at Coeur d'Alene. 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

MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor

MM/sc

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

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August 28, 2014

Jim Smidt, Administrator
The Courtyard at Coeur d'Alene
2100 East Sherman Avenue
Coeur D'Alene, Idaho 83814

Provider ID: RC-1065

Mr. Smidt:

An initial state licensure survey was conducted at The Courtyard at Coeur d'Alene, The between August 18, 2014 and August 19, 2014. 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 **August 19, 2014**. 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,

MAUREEN MCCANN, RN
Health Facility Surveyor
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
	13R1065		08/19/2014

NAME OF PROVIDER OR SUPPLIER: COURTYARD AT COEUR D'ALENE, THE

STREET ADDRESS, CITY, STATE, ZIP CODE: 2100 E SHERMAN AVE, COEUR D'ALENE, ID 83814

(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 initial licensure survey conducted 8/17/2014 through 8/18/2014 at your facility. The surveyors conducting the survey were: Maureen McCann, RN Team Coordinator Health Facility Surveyor Rachel Corey, RN Health Facility Surveyor Gloria Keathley, LSW Health Facility Surveyor Matt Hauser, QMRP Health Facility Surveyor	R 000		

Bureau of Facility Standards

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

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
COURTYARD AT COEUR D'ALENE, THE	RC-1026	2100 E Sherman Avenue		(208) 765-8364
Administrator	**City**		**ZIP Code**	**Survey Date**
Jim Smidt	Coeur d'Alene		83814	August 18, 2014
Survey Team Leader	**Survey Type**			**RESPONSE DUE:**
Maureen McCann	Initial Licensure			September 17, 2014
Administrator Signature	**Date Signed**			
	8/19/14			

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Department Use Only: Initials
1	220.02	Admission agreements were not updated to reflect the facility's change of ownership.	10/16/14	MMC
2	225.01	The facility did not evaluate Resident #1's and #2's behaviors.	10/16/14	MMC
3	225.02	The facility did not develop interventions for Resident #2's and #3's behaviors.	10/16/14	MMC
4	300.01	The facility RN did not complete all the required 90 day nursing assessments for Resident's #1 and #7.	10/16/14	MMC
5	305.03	The facility RN did not document residents' changes in condition such as: Resident #3's skin breakdown and low oxygen, Resident #7's choking episode, Resident #5's wound status and weight loss and Resident #2's 30 pound weight gain.	10/16/14	MMC
6	305.04 MMC	The facility RN did not make recommendations when residents experienced changes in conditions such as: Resident #3's and #6's skin conditions, and the necessary hip precautions for Resident #7.		
7	320.04.e	Psychotropic medication reviews were not conducted at least every 6 months for Residents # 3, 5 and 7.	10/16/14	MMC
8	320.01	A) NSAs did not state the frequency of services to be provided (bathing). B) NSAs were not updated when residents experienced changes in condtion requiring changes in care such as: Resident #7's hip fracture, physicial therapy services and specialized diet or Resident #2's catheter care.		
9	320.03	Resident #1, #3 and #4's NSAs were not signed by all required parties.	10/16/14	MMC
10	350.02	The administrator did not complete an investigation of all incidents and accidents.		
11	625.01	A) 2 of 7 staff did not have evidence of initial orientation training B) no staff had orientation training after the change in ownership.	10/16/14	MMC
12	630.01	2 of 7 staff did not have dementia training.	10/16/14	MMC
13	630.02	3 of 7 staff did not have mental illness training.	10/16/14	MMC
14	711.01	The facility did not track Resident #1's and #2's behaviors.		

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Non-Core Issues Punch List

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Jim Smidt	Coeur d'Alene		83814	August 18, 2014
Survey Team Leader	**Survey Type**			**RESPONSE DUE:**
Maureen McCann	Initial Licensure			September 17, 2014
Administrator Signature	**Date Signed**			
	8/19/14			

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Department Use Only: Initials
15	711.08.e	Caregivers did not document they had notified the RN when residents' experienced a change in condition.		
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Date 8/18/14 Page 1 of 1

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
# of Risk Factor Violations	0	# of Retail Practice Violations 0
# of Repeat Violations	0	# of Repeat Violations 0
Score	0	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

Establishment Name: The Courtyard @ Court Manor	Operator: Jim Smith
Address: 2100 E. Fairview	Boise ID 83815
County: Ada Estab #: EHS/SUR.#:	Inspection time: AM/PM Travel time:
Inspection Type: Routine 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.

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

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Salsa / cooler	41.2	Milk in cooler	39.2	Potato salad (serving)	155°F	Roast Beef / serving	40.6
Turkey breast in cooler	41.6	Tofu out of box	140.73	Hot dogs in cooler	41.5	Mayo in cooler	41.8

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)	(Print) Jim Smith	Title Admin.	Date 8/19/14
Inspector (Signature)	(Print)	Date 8/19/14	Follow-up: (Circle One) Yes (No)

Technical Assistance List

Facility: The Courtyard at Coeur D'Alene	Exit Date: 8/19/2014

Item #	Technical Assistance Provided:
1	Given the following technical assistance information – see website: a nurse training packet, food code information sheet and RALF website. Encouraged to review the website for training, newsletters, frequently asked questions, mock survey checklists, quality assurance checklists, a copy of the current rules, food code information and training links and other miscellaneous information to assist the facility with licensing compliance.
2	Be sure all resident records are reviewed to correct all discrepancies, not just those identified in the sampled residents' records identified during survey
3	Review and update your abuse policy to reflect the state statue and rules.
4	Ensure there are parameters and instructions on what caregivers are to do when vital signs, blood sugars, weights, etc. are outside of those parameters.
5	Environmental issues: Building #4 – an air vent was covered in dust, the toilet seat in room 415 needs to be replaced. There was dust build up behind the washer and dryers. There was dust/grease build up between the back of the range and the wall. Building #1 – there was a large crack in the counter top near the stove.
6	Ensure change of ownership (including date) is apparent in resident and staff records for those at the facility prior to the change.
7	Consider "recap" orders for all residents. MD orders must be signed by the physician/provider.
8	All medications must be accompanied by a current physician's order (Resident #2's sodium chloride and Resident #1's Imodium).
9	Consider clarifying Resident #3's diet order. All residents MUST have a current diet order in their record AND staff must be aware of what those orders are. Further, mechanically altered diets MUST follow the Idaho Diet Manual.
10	The facility must oversee private duty caregivers.
11	Care notes should include full staff signatures and title.
12	Ensure you are following your weight loss or gain policy.
13	Consider holding activities for residents not able to participate in scheduled activities in the activity building (especially in building #4).
14	Staff records: A) Sign and date all orientation paperwork. B) Include date of hire in staff records. C) Inservice documents must include the time it took for the inservice to be completed. 2 of 7 staff did not have documentation of infection control training.
15	Monitor hand-washing and glove use!