



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

December 2, 2013

Hayley Bettencourt, Administrator
Quaker Ridge
3749 Quaker Ridge Drive
Meridian, ID 83642

License #: Rc-563

Dear Ms. Bettencourt:

On October 31, 2013, a Follow-Up/revisit and Re-Licensure survey was conducted at Quaker Ridge. 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 are 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,

Matt Hauser
Team Leader
Health Facility Surveyor

MH/mh

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



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

November 4, 2013

Hayley Bettencourt, Administrator
Quaker Ridge
2087 South Tollgate Way
Boise, ID 83709

Dear Ms. Bettencourt:

On October 31, 2013, a follow-up visit to the complaint investigation survey of April 4, 2013, was conducted at Quaker Ridge. The core issue deficiencies issued as a result of the April 4, 2013, survey have been corrected.

Please bear in mind that eighteen (18) non-core issue deficiencies were identified on the punch list and three (3) 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 November 30, 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

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

Sincerely,

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

MH/TFP

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R563	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/31/2013
--	---	---	---

NAME OF PROVIDER OR SUPPLIER QUAKER RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3749 QUAKER RIDGE DRIVE MERIDIAN, ID 83642
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO 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 and follow-up survey conducted on 10/29/2013 through 10/31/2013 at your facility. The surveyors conducting the survey were:</p> <p>Matt Hauser, QMRP Team Coordinator Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p>	R 000		
-------	--	-------	--	--

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



Facility QUAKER RIDGE	License # RC-563	Physical Address 3749 QUAKER RIDGE DRIVE	Phone Number (208) 895-8819
Administrator Hayley Bittencourt	City MERIDIAN	ZIP Code 83642	Survey Date October 31, 2013
Survey Team Leader Matt Hauser	Survey Type Licensure and Follow-up	RESPONSE DUE: November 30, 2013	
Administrator Signature <i>Hayley Bittencourt</i>	Date Signed 10/31/13		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	210	The facility did not provide an ongoing activity program per state rules. **Previously cited on 7/11/11**	12/2/13	MB
2	225.02	Resident #3's behavior management plan did not address each behavioral symptom, such as faking chest pain, leg pain, arm pain and other health issues.		
3	300.02	The facility nurse did not review and implement new orders for Resident #4.		
4	305.03	The facility nurse did not document a change of condition assessment when Resident #3 had a hypertensive event, or when she complained of her throat feeling tight and when she had increased incontinence issues, or when Resident #4 gave himself piercings.		
5	305.04	The facility nurse did not make recommendations to the administrator when Resident #1 missed his insulin while away from the facility.		
6	305.06	The facility nurse did not assess Resident #1's ability to safely self-administer his own insulin.		
7	310.01.d	The facility did not document Resident #1's sliding scale insulin, per board of nursing rules.		
8	310.04.e	Resident #2 did not have a psychotropic medication review. ** Previously cited 7/11/11**		
9	310.01.c	The medication refrigerator temperature was not documented on a daily basis.		
10	320.01	Resident #3's NSA was not implemented when she was observed having long facial hair, and Resident #4's NSA was not accurate and included needs he did not have.		
11	320.08	Resident #3's NSA was not updated to include the bathroom door was to be locked during personal use.		
12	350.01	The administrator must complete a written report of all incident and accidents within 30 days, for example when Resident #3 stated she did not want to live any more.		
13	451.01.a	The menu did not include a variety of foods for each meal, for example, the residents were served peanut butter and jelly sandwiches or bologna sandwiches for lunch each day while at the facility.		
14	451.01.d	The facility did not document what was actually served for lunch each day.		
15	625.01	3 of 4 staff did not have documentation of 16 hours of orientation training.		
16	630.03	4 of 4 staff did not have documentation of specialized developmental disability training.		
17	711.08.d	The facility did not document calls to the physician for Resident #1 when he missed his sliding scale insulin.	12/2/13	MV



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>Quaker Ridge</u>		Operator <u>Hayley Bittencourt</u>	
Address <u>3749 Quaker Ridge Dr</u>		City/Zip <u>Meridian 83648</u>	
County <u>Ada</u>	Estab # <u>20828</u>	EHS/SUR #	Inspection time: _____
Inspection Type: <u>High</u>		Risk Category:	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>0</u>	# of Retail Practice Violations <u>0</u>
# of Repeat Violations _____	# of Repeat Violations _____
Score <u>0</u>	Score <u>0</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	Potentially Hazardous Food Time/Temperature				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"/>			<u>Y</u> N	N/O	N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health (2-201)						<u>Y</u> N	N/O	N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>			<u>Y</u> N	N/O	N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices						<u>Y</u> N	N/O	N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>			<u>Y</u> N	N/O	N/A	19. Cold Holding (3-501)	<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"/>			<u>Y</u> N	N/O	N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination						<u>Y</u> N	N/O	N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>			Consumer Advisory					
<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	N/A		22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>			Highly Susceptible Populations					
Approved Source						<u>Y</u> N	N/O	N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>			Chemical					
<u>Y</u> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>			<u>Y</u> N	N/A		24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<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"/>
Protection from Contamination						Conformance with Approved Procedures					
<u>Y</u> N	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>			<u>Y</u> N	N/A		26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<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 <input checked="" type="checkbox"/> = COS or R					
<u>Y</u> N	13. Returned / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>								
<u>Y</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>								

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

GOOD RETAIL PRACTICES (= 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 type="checkbox"/>	<input type="checkbox"/> 42. Food utensils/in-use	<input type="checkbox"/>	<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"/> 43. Thermometers/Test strips	<input type="checkbox"/>	<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"/> 44. Warewashing facility	<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"/>	<input type="checkbox"/> 37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45. Wiping cloths	<input type="checkbox"/>	<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"/> 46. Utensil & single-service storage	<input type="checkbox"/>	<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"/> 47. Physical facilities	<input type="checkbox"/>	<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"/> 48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49. Other	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) <u>Hayley Hering</u>	(Print) <u>Hayley Hering</u>	Title <u>Administrator</u>	Date <u>10/31/13</u>
Inspector (Signature) <u>Karen Anderson</u>	(Print) <u>Karen Anderson</u>	Date <u>10/31/13</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input type="checkbox"/>