



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

April 17, 2014

Toni Greer, Administrator
Cottage Investors LLC dba The Cottages of Weiser
1225 East 6th Street
Weiser, Idaho 83672

License #: RC-705

Ms. Greer:

On December 20, 2013, a state licensure survey was conducted at Cottage Investors, LLC dba The Cottages of Weiser. 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 Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

POLLY WATT-GEIER, MSW
Team Leader
Health Facility Surveyor

PWG/sc

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



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January 2, 2014

Toni Greer, Administrator
The Cottages of Weiser
1225 East 6th Street
Weiser, Idaho 83672

Dear Ms. Greer:

A State Licensure survey was conducted at The Cottages of Weiser between December 18, 2013 and December 20, 2013. 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 **December 20, 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.

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) 364-1964. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

Polly Watt-Geier, MSW
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2013
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NAME OF PROVIDER OR SUPPLIER COTTAGE INVESTORS, LLC DBA THE COTTA	STREET ADDRESS, CITY, STATE, ZIP CODE 1225 EAST 6TH STREET WEISER, ID 83672
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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 and follow-up survey conducted between 12/18/2013 and 12/20/2013 at your facility. The surveyors conducting the survey were:</p> <p>Polly Watt-Geier, MSW Team Coordinator Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN, BSN 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 _____



Facility Cottages of Weiser, The	License # RC-705	Physical Address 1225 E 6th St	Phone Number (208) 414-4200
Administrator	City Weiser	ZIP Code 83672	Survey Date December 20, 2013
Survey Team Leader Polly Watt-Geier	Survey Type Licensure and Follow-up	RESPONSE DUE: January 19, 2014	
Administrator Signature <i>Joni Green</i>	Date Signed 12/20/13		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	One employee did not have the required Idaho State Police background check.	2/14/14	ADG
2	220.02	The facility's admission agreements did not provide a complete and transparent reflection of the amount of money charged per point.	3/28/14	ASH
3	220.03.e	The admission agreement did not identify the assessment tool that was used, the person who was to complete the assessment, or the frequency in which the assessment would be conducted.	4/16/14	ASH
4	220.03.f	The admission agreement did not provide a detailed itemization of the cost of furniture rental.	2/20/14	ADG
5	220.09	The admission agreement did not identify under which conditions a resident could not be admitted or retained as provided under IDAPA 16.03.22.152.	3/28/14	ASH
6	225.01.a-g	The facility did not evaluate Resident #5's and a random resident's behaviors.	8/28/14	ASH
7	225.02.c	The interventions for Resident #5's behaviors were not reviewed within 72 hours, and from then on as appropriate.	3/28/14	ASH
8	711.01.a-c	The facility did not track Resident #5's behaviors to include the time and date the behaviors were observed, what interventions were used and the effectiveness of the interventions used.	2/20/14	ADG
9	250.10	The water temperatures in both buildings were not maintained between 105 and 120 degrees.	3/27/14	ADG
10	305.02	Resident #6's oxygen order was not implemented as order.	2/20/14	ADG
11	305.03	The facility RN did not document the status of Resident #7's wound for 26 days.	2/20/14	ADG
12	305.05	The facility RN did not ensure that Resident #5 was evaluated by a Nurse Practitioner as recommended in September 2013.	2/20/14	ADG
13	310.01.d	Assistance with medications did not comply with the Board of Nursing rules when unlicensed staff dialed insulin pens.	2/20/14	ADG
14	310.04.a	There was no documentation the facility used non-drug interventions prior to starting Resident #5 on a behavioral modifying medication.	2/20/14	ADG
15	320.01	Resident #6's NSA did not clearly identify what outside services were used, the level of assistance required for toileting, mobility, eating and behavior management.	3/27/14	ASH
16	330.02	The facility did not retain information regarding residents for three years.	2/20/14	ADG



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Administrator Signature <i>Joni Greer</i>	Date Signed 12/20/13		

NON-CORE ISSUES

Item #	IDAPA Rule # 16:03.22	Description	Department Use Only	
			EOR Accepted	Initials
17	350.05	The facility did not notify adult protection as required.	2/20/14	RDG
18	350.07	The facility did not notify Licensing and Certification as required for reportable incidents.	2/20/14	RDG
19	650.02	The uniform assessments for private pay residents did not include all required information.	4/16/14	RDG
20	711.07	Resident #3 and #7's records did not contain care plans from outside service providers.	2/20/14	RDG
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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>Cottages of Weber</u>	Operator <u>Toni Greer</u>
Address <u>1225 E. 6th St</u>	
County <u>Washington</u> Estab # _____ EHS/SUR.# _____	Inspection time: _____ Travel time: _____
Inspection Type: <u>Licensure/Standard</u> Risk Category: _____	Follow-Up Report: OR On-Site Follow-Up Date: _____
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.	

# of Risk Factor Violations _____	# of Retail Practice Violations _____
# of Repeat Violations _____	# of Repeat Violations _____
Score _____	Score _____
A score greater than 3 Med score 4-10 = mandatory re-inspection	A score greater than 6 Med score 7-10 = mandatory re-inspection

RISK FACTOR The letter to the left of each item indicates that item's status at the inspection.

Y N COS R	Item Description	COS	R	Y N COS R	Item Description	COS	R
Y N	1. Certification by Accredited Program or Approved Course, or correct responses, or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>	Y N	16. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>	Y N	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>	Y N	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>	Y N	19. Cold holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	6. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>	Y N	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	6. Bare hand contact with ready-to-eat food/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>	Y N	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	7. Handwashing facilities (5-203 & 3-301)	<input type="checkbox"/>	<input type="checkbox"/>	Y N	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	8. Food obtained from approved sources (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>	Y N	23. Pasteurized foods used, avoidance of prohibited foods (3-601)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>	Y N	24. Additives, approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>	Y N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>	Y N	26. Compliance with variance and HACCP plan (3-201)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>				
Y N	13. Returned / receiving of food (3-309 & 3-401)	<input type="checkbox"/>	<input type="checkbox"/>				
Y N	14. Discarding / reconditioning uneaten food (3-701)	<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

Blk #2 bridge <u>58.0</u>	Blk #2 center <u>107.4</u>
Blk #3 bridge <u>35.0</u>	Blk #11 wall <u>41.0</u>

COS	R	Item Description	COS	R	Item Description	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	28. Water source and quality	<input type="checkbox"/>	<input type="checkbox"/>	35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	29. Insect/rodent/animal	<input type="checkbox"/>	<input type="checkbox"/>	36. Personal cleanliness	<input type="checkbox"/>	<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"/>	37. Food labeled condition	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	31. Plumbing (faucets, cross-connections, back flow prevention)	<input type="checkbox"/>	<input type="checkbox"/>	38. Plant food cooling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	33. Surfaces contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	42. Food use/distribution	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	43. Thermometer/food clips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	44. Handwashing facility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	49. Other	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge (Signature) Toni Greer Title RW Administrator Date 12/20/13

Inspector (Signature) Talley Date 12/20/13 Follow-up? (Circle One) Yes