



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

February 2, 2015

Kerri Wells, Administrator
Prestige Assisted Living at Autumn Wind
200 West Beech Street
Caldwell, Idaho 83605

Provider ID: RC-582

Ms. Wells:

On December 31, 2014, a state licensure/follow-up survey and complaint investigation were conducted at Prestige Assisted Living at Autumn Wind. 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, QMRP, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MATT HAUSER, QMRP
Team Leader
Health Facility Surveyor

MH/sc

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



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January 5, 2015

Kerri Wells, Administrator
Prestige Assisted Living at Autumn Wind
200 West Beech Street
Caldwell, Idaho 83605

Provider ID: RC-582

Ms. Wells:

A state licensure/follow-up survey and complaint investigation were conducted at Prestige Assisted Living at Autumn Wind between December 29, 2014 and December 31, 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 **December 31, 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 by January 30, 2015.

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,


MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

Bureau of Facility Standards

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R582 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/31/2014 |
|--|---|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER PRESTIGE ASSISTED LIVING AT AUTUMN WIN | STREET ADDRESS, CITY, STATE, ZIP CODE 200 WEST BEECH STREET CALDWELL, ID 83605 |
|---|--|

| (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 | <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 complaint survey conducted on 12/29/2014 through 12/31/2014 at your facility. The surveyors conducting the survey were:</p> <p>Matt Hauser, QMRP Team Coordinator Health Facility Surveyor</p> <p>Donna Henscheid, LSW 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 PRESTIGE ASSISTED LIVING AT AUTUMN WIND | License # RC-582 | Physical Address 200 WEST BEECH STREET | Phone Number (208) 459-3335 |
| Administrator Kerri Wells | City CALDWELL | ZIP Code 83605 | Survey Date December 31, 2014 |
| Survey Team Leader Matt Hauser | Survey Type Licensure and Complaint Investigation | RESPONSE DUE: January 30, 2015 | |
| Administrator Signature <i>Kerri Wells</i> | Date Signed 12/31/14 | | |

| NON-CORE ISSUES | | | | |
|-----------------|--------------|---|---------------------|----------|
| Item # | IDAPA Rule # | Description | Department Use Only | |
| | | | EOR Accepted | Initials |
| 1 | 225.01 | The facility did not evaluate Resident #2, #4, #5, #9, #10 and #12's behaviors. | 2/2/2015 | ML |
| 2 | 250.06.a | The facility had rooms that required residents to pass through another resident's room to reach the bathroom. | 2/2/2015 | ML |
| 3 | 300.01 | The current facility RN had not delegated to 4 of 10 caregivers. | 2/2/2015 | ML |
| 4 | 305.03 | The facility RN did not assess and describe the progression of Resident #1's wound. Additionally, Resident #3 was not assessed for the continuous use of her C-PAP. | 2/2/15 | ML |
| 5 | 310.04.a | Psychotropic medications were used as a first resort for Resident #5's behaviors, prior to documenting non-drug interventions. | 2/2/2015 | ML |
| 6 | 310.04.e | Psychotropic medication reviews not include behavior updates for Residents #5 and #10. | 2/2/2015 | ML |
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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>Prestige A.L. Autumn Wind</u> | | Operator <u>Kecci Wells</u> | |
| Address <u>205 W Beech Street</u> | | City/State/Zip <u>Caldwell ID 83605</u> | |
| County <u>CANYON</u> | Estab # | EHS/SUR# | Inspection time: _____ Travel time: _____ |
| Inspection Type: | Risk Category: <u>High</u> | 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 | <u>0</u> | # of Retail Practice Violations | <u>0</u> |
| # of Repeat Violations | <u>0</u> | # of Repeat Violations | <u>0</u> |
| 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 |
|---|---|--------------------------|--------------------------|
| <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"/> |
| Employee Health (2-201) | | | |
| <u>Y</u> N | 2. Exclusion, restriction and reporting | <input type="checkbox"/> | <input type="checkbox"/> |
| Good Hygienic Practices | | | |
| <u>Y</u> N | 3. Eating, tasting, drinking, or tobacco use (2-401) | <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"/> |
| Control of Hands as a Vehicle of Contamination | | | |
| <u>Y</u> N | 5. Clean hands, properly washed (2-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| <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 | 7. Handwashing facilities (5-203 & 6-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| Approved Source | | | |
| <u>Y</u> N | 8. Food obtained from approved source (3-101 & 3-201) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N | 9. Receiving temperature / condition (3-202) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N <u>N/A</u> | 10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203) | <input type="checkbox"/> | <input type="checkbox"/> |
| Protection from Contamination | | | |
| <u>Y</u> N <u>N/A</u> | 11. Food segregated, separated and protected (3-302) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N <u>N/A</u> | 12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N | 13. Returned / reservice 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"/> |

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

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|-----------------------------|------------|-------------------------------|------------|--------------------------|-----------|---------------|------|
| <u>Chesse Focaccia/Wind</u> | <u>165</u> | <u>Rice Soup/Store</u> | <u>190</u> | <u>Turtur Sauce/hold</u> | <u>36</u> | | |
| <u>Rolls / Store</u> | <u>186</u> | <u>Hot Soup / Hot Holding</u> | <u>176</u> | | | | |

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>[Signature]</u> (Print) <u>KECCI WELLS</u> Title <u>ED</u> Date <u>12/31/14</u> | Follow-up: (Circle One) <u>Yes</u> <u>No</u> |
| Inspector (Signature) <u>[Signature]</u> (Print) <u>MATT HAUSER</u> Date <u>12/31/2014</u> | |



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January 5, 2015

Kerri Wells, Administrator
Prestige Assisted Living at Autumn Wind
200 West Beech Street
Caldwell, Idaho 83605

Provider ID: RC-582

Ms. Wells:

An unannounced, on-site complaint investigation survey was conducted at Prestige Assisted Living at Autumn Wind between December 29, 2014 and December 31, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006507

Allegation #1: The facility did not provide appropriate care for residents' wounds causing further breakdown.

Findings: Unsubstantiated.

Allegation #2: The facility inappropriately discharged residents.

Findings: Unsubstantiated.

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,

Patly West - D, MSW for

MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

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