# IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

LESLIE M. CLEMENT—DEPUTY DIRECTOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

January 19, 2012

Wendy Traffie, Administrator
Luther Park At Sandpoint, Llc
510 Olive Avenue
Sandpoint, ID 83864

License #: RC-953

Dear Ms. Traffie:

On November 30, 2011, a Complaint Investigation and State Licensure survey was conducted at Luther Park At Sandpoint, Llc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Donna Henscheid, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Donna Henscheid

Donna Henscheid, LSW
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

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

IDAHO DEPARTMENT OF
# HEALTH & WELFARE

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December 5, 2011

WendyTraffie, Administrator
Luther Park At Sandpoint, Llc
510 Olive Avenue
Sandpoint, ID 83864

Dear Ms. Traffie:

On November 30, 2011, a Complaint Investigation/Follow-up/Licensure survey was conducted at Luther Park At Sandpoint, Llc. 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 14 non-core issue deficiencies were identified on the punch list and 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 December 30, 2011

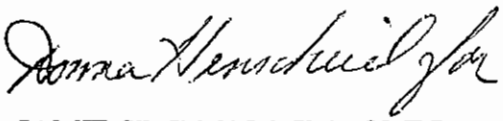
If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, or on a subsequent survey visit, it is determined that any of these deficiencies still exist, the Department will have no alternative but to initiate the enforcement 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 the 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) 334-6626. Thank you for your continued participation in the Idaho residential care assisted living facility (RALF) program.

Sincerely,



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

Enclosure

Bureau of Facility Standards

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R953 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 11/30/2011 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER LUTHER PARK AT SANDPOINT, LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 510 OLIVE AVENUE SANDPOINT, ID 83864 | | |

| (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<br><br>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/complaint survey conducted on 11/28/11 through 11/30/11 at your facility. The surveyors conducting the survey were:<br><br>Donna Henscheid, LSW<br>Team Coordinator<br>Health Facility Surveyor<br><br>Rachel Corey, RN<br>Health Facility Surveyor<br><br>Matt Hauser, QMRP<br>Health Facility Surveyor<br><br>Maureen McCann, RN<br>Health Facility Surveyor | R 000 | | |

Bureau of Facility Standards

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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 |
|---|---|---|
| Luther Park at Sandpoint, LLC | 510 Olive Ave. | 208-265-3557 |
| **Administrator** | **City** | **ZIP Code** |
| Wendy Traffie | SANDPOINT | 83864 |
| **Survey Team Leader** | **Survey Type** | **Survey Date** |
| Donna Henscheid, LSW | Licensure/follow-up and complaint investigation | November, 30, 2011 |

## NON-CORE ISSUES

PAGE II of II

| ITEM # | RULE # 16.03.22 | DESCRIPTION | DATE RESOLVED | L&C USE |
|---|---|---|---|---|
| 1 | 151.02 | The facility did not provide opportunities for activities as required by state rule for the memory unit. ****Repeat Punch*** | 12/10/11 | 1/4/12 DH |
| 2 | 152.05.b.iii | Resident #1 and a random resident in the memory unit had bed rails. | 12/12 & 15 | 1/4/12 DH |
| 3 | 220.02 | The admission agreements were not updated to include: contested charges, formulas used to calculate rates, transition to Medicaid, etc. | 12/26/11 | 1/4/12 DH |
| 4 | 260.06 | Resident #2 and 3's room had a strong urine odor. | 12/7/11 | 1/4/12 DH |
| 5 | 300.02 | Resident #2's order for ted hose was not implemented as she was observed not wearing them for two days. ***Repeat Punch *** | 12/15/11 | 1/4/12 DH |
| 6 | 305.02 | A random resident did not have a medication available for 7 days. Residents #3 and #4 did not have medications available. ***Repeat Punch X2*** | 12/16-12/23 | 1/4/12 DH |
| 7 | 305.05 | The nurse did not follow-up on previous recommendations for Residents #2 and #10. | 12/15/11 | 1/4/12 DH |
| 8 | 310.04.e | Residents #3 and #7 did not have current 6 month psychotropic medications reviews. | 12/14-15 | 1/19/12 DH |
| 9 | 320.08 | 8 out of 10 residents NSAs were not completed every 12 months. | 12/9-21 | 1/4/12 DH |
| 10 | 350.04 | The administrator did not respond to resident complaints in writing. | 12/7/11 | 1/4/12 DH |
| 11 | 630.02 | 10 of 10 staff did not have mental illness training. 12/20? 12/22 completed as required | See attached | 1/4/12 DH |
| 12 | 640 | 7 of 10 staff did not have evidence of CEUs. complete @ time of survey | See attached | 1/4/12 DH |
| 13 | 711.11 | There was no documentation why medications were not given. ***Repeat Punch*** | 12/14/11 | 1/4/12 DH |

| Response Required Date | Signature of Facility Representative | Date Signed |
|---|---|---|
| December 30, 2011 | Wendy Traffie | 12/28/11 |

IDAHO DEPARTMENT OF
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# ASSISTED LIVING
## Non-Core Issues
## Punch List

| Facility Name | Physical Address | Phone Number |
|---|---|---|
| Luther Park at Sandpoint, LLC | 510 Olive Ave. | 208-265-3557 |
| **Administrator** | **City** | **ZIP Code** |
| Wendy Traffie | SANDPOINT | 83864 |
| **Survey Team Leader** | **Survey Type** | **Survey Date** |
| Donna Henscheid, LSW | Licensure/follow-up and complaint investigation | November, 30, 2011 |

**NON-CORE ISSUES** **PAGE 2 OF 2**

| ITEM # | RULE # 16.03.22 | DESCRIPTION | DATE RESOLVED | L&C USE |
|---|---|---|---|---|
| 14 | 009.04 | The facility did not ensure the RN's fingerprinting was submitted within 21 days of hire. | 12/1/11 | 1/4/2011 |
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| Response Required Date | Signature of Facility Representative | Date Signed |
|---|---|---|
| December 30, 2011 | Wendy Traffie | 12/28/11 |

Date 11/30/2011 Page 1 of 1

IDAHO DEPARTMENT OF HEALTH & WELFARE

# Food Establishment Inspection Report

Food Protection Program, Division of Health
450 W. State Street, Boise, Idaho 83720-0036
208-334-5938

| | |
|---|---|
| Establishment Name: Luther Park at Sandpoint | Operator: Wendy Traffie |
| Address: 510 Olive Ave | |
| County: Bonner Estab #: EHS/SUR #: | Inspection time: 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.

| | |
|---|---|
| # of Risk Factor Violations: Ø | # of Retail Practice Violations: Ø |
| # of Repeat Violations: Ø | # of Repeat Violations: Ø |
| Score: Ø | Score: Ø |
| 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 |
|---|---|---|---|---|---|---|---|
| Spinach Lasagna | 200° | | | | | | |
| Ranch Dressing | 35° | | | | | | |

## 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) Mark Harvey | Title F&B Manager | Date 11/30/2011 | |
| Inspector (Signature) [signature] | (Print) Matt Hauer | Date 11/30/2011 | Follow-up: (Circle One) | Yes (No) |

IDAHO DEPARTMENT OF
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PHONE 208-334-6626
FAX 208-364-1886

December 6, 2011

Wendy Traffie, Administrator
Luther Park At Sandpoint, Llc
510 Olive Avenue
Sandpoint, ID 83864

Dear Ms. Traffie:

An unannounced, on-site complaint investigation survey was conducted at Luther Park At Sandpoint, Llc from 11/28/11 to 11/30/11. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00005062**

Allegation #1. Facility did not complete a proper admission with an identified resident.

Findings #1: On 11/29/11 at 9:00 AM, the administrator stated the identified resident was assessed by the previous facility nurse for admission. The administrator stated the facility nurse was told the resident had a surgical wound on the back of her leg but had not looked at the wound. Four hours after the resident arrived at the facility to be admitted, the administrator said they learned the surgical wound was "large enough to pack eight inches of gauze into" and the resident had tested positive for MRSA. Athough the resident had moved her belonging into the facility, she was not admitted.

The administrator stated she and the facility chaplain told the resident they were not able to provide care for her and offered to assist her with finding more appropriate housing. The administrator stated the resident chose to return home and the facility paid for all her moving expenses.

On 11/29/11, a message was left on the identified resident's and a family member's phone to contact the survey team to verify circumstances surrounding the incident and reimbursements. No response was received on this date.

Unsubstantiated.

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,

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

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