



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

June 17, 2013

Denise Sowell, Administrator
Sr Guest Svcs LLC Dba Lodge At Riverside Harbor #1
52 North Cedar
Post Falls, ID 83854

License #: RC-1033

Dear Ms. Sowell:

On May 3, 2013, a Complaint Investigation and Licensure survey was conducted at Senior Guest Services LLC, Dba The Lodge At Riverside Harbor #1. 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.

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 no recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Donna Henscheid, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Donna Henscheid
Team Leader
Health Facility Surveyor

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



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May 20, 2013

Denise Sowell, Administrator
Sr Guest Svcs LLC dba Lodge at Riverside Harbor #1
52 North Cedar
Post Falls, ID 83854

Dear Ms. Sowell:

A Complaint Investigation and Initial Licensure survey was conducted at Sr Guest Svcs LLC dba Lodge at Riverside Harbor #1 on May 3, 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 **May 3, 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) 334-6626. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

Bureau of Facility Standards

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1033 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/03/2013 |
|--|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER SR GUEST SVCS LLC DBA LODGE AT RIVERS | | STREET ADDRESS, CITY, STATE, ZIP CODE 52 NORTH CEDAR POST FALLS, ID 83854 | | |
| (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 initial licensure and complaint survey conducted on 5/3/13 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> | R 000 | | |

Bureau of Facility Standards

TITLE

(X6) DATE

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



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 <u>Lodge At Riverside</u> | | Operator <u>Denise Sowell</u> | |
| Address <u>52 North Cedar</u> | | Post Falls | |
| County <u>Boothai</u> | Estab # | BHS/SUR # | Inspection time: _____ Travel time: _____ |
| Inspection Type: | Risk Category: <u>High</u> | Follow-Up Report: OR | On-Site Follow-Up: _____ |
| Date: _____ | | Date: _____ | |

| | |
|--|---|
| # of Risk Factor Violations <u>2</u> | # of Retail Practice Violations <u>0</u> |
| # of Repeat Violations <u>0</u> | # of Repeat Violations <u>0</u> |
| Score <u>2</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. |

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 |
|---|---|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> N | 1. Certification by Accredited Program, or Approved Course, or correct responses, of compliance with Code | <input type="checkbox"/> | <input type="checkbox"/> |
| | Employee Health (2-201) | | |
| <input checked="" type="checkbox"/> N | 2. Exclusion, restriction and reporting | <input type="checkbox"/> | <input type="checkbox"/> |
| | Good Hygienic Practices | | |
| <input checked="" type="checkbox"/> N | 3. Eating, tasting, drinking, or tobacco use (2-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 4. Discharge from eyes, nose and mouth (2-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Control of Hands as a Vehicle of Contamination | | |
| <input checked="" type="checkbox"/> N | 5. Clean hands, properly washed (2-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 6. Bare hand contact with ready-to-eat foods/exemption (3-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 7. Handwashing facilities (5-203 & 6-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Approved Source | | |
| <input checked="" type="checkbox"/> N | 8. Food obtained from approved source (3-101 & 3-201) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 9. Receiving temperature / condition (3-202) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N (N/A) | 10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Protection from Contamination | | |
| <input checked="" type="checkbox"/> N (N/A) | 11. Food segregated, separated and protected (3-302) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N (N/A) | 12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 13. Returned / reservice of food (3-306 & 3-801) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 14. Discarding / reconditioning unsafe food (3-701) | <input type="checkbox"/> | <input type="checkbox"/> |

| | Potentially Hazardous Food Time/Temperature | COS | R |
|---|--|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> N (N/A) | 15. Proper cooking, time and temperature (3-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N (N/A) | 16. Reheating for hot holding (3-403) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N (N/A) | 17. Cooling (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N (N/A) | 18. Hot holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N (N/A) | 19. Cold Holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N (N/A) | 20. Date marking and disposition (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N (N/A) | 21. Time as a public health control (procedures/records) (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Consumer Advisory | | |
| <input checked="" type="checkbox"/> N (N/A) | 22. Consumer advisory for raw or undercooked food (3-603) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Highly Susceptible Populations | | |
| <input checked="" type="checkbox"/> N (N/A) | 23. Pasteurized foods used, avoidance of prohibited foods (3-801) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chemical | | |
| <input checked="" type="checkbox"/> N (N/A) | 24. Additives / approved, unapproved (3-207) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 25. Toxic substances properly identified, stored, used (7-101 through 7-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Conformance with Approved Procedures | | |
| <input checked="" type="checkbox"/> N (N/A) | 26. Compliance with variance and HACCP plan (8-201) | <input type="checkbox"/> | <input type="checkbox"/> |

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 |
|--------------------|------|------------------|------|-------------------|------|---------------|------|
| meatballs - Fridge | 44 | Chicken - Fridge | 44 | Corn - countertop | 195 | | |
| Stew - Fridge | 41 | Fish - oven | 189 | | | | |

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>Denise Sowell</u> Title <u>Admin</u> Date <u>5/3/13</u> | Follow-up: (Circle One) <u>Yes</u> <u>No</u> |
| Inspector (Signature) <u>[Signature]</u> (Print) <u>Roe Tenn / 491 / 1105</u> Date <u>5/3/13</u> | |



| | | |
|---|-----------|---------------------------------|
| Establishment Name <u>Loagp at Riverside</u> | | Operator <u>Denise Swell</u> |
| Address <u>52 N Cedar</u> | | <u>Post Falls</u> |
| County Estab # | EHS/SUR.# | License Permit # |

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

11. Raw hamburger, chicken and sausage were stored together in the same compartment in the fridge. They were all in separate bags but not in separate containers.

* Corrected on site - meats were put in separate containers

19. Cooked meatballs + chicken in the fridge were 44° - food was properly disposed of

* corrected on site

| | | | |
|--|------------------------|---------------------------------|------------------------|
| Person in Charge <u>[Signature]</u> | Date <u>5/13/13</u> | Inspector <u>[Signature]</u> | Date <u>5/13/13</u> |
|--|------------------------|---------------------------------|------------------------|



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May 23, 2013

Denise Sowell, Administrator
Sr Guest Svcs LLC DbA Lodge At Riverside Harbor #1
1950 W Bellerive Lane #108
Coeur D'Alene, ID 83814

Dear Ms. Sowell:

An unannounced, on-site complaint investigation survey was conducted at Senior Guest Services LLC, DbA The Lodge At Riverside Harbor #1 between May 3, 2013 and May 3, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005898

Allegation #1: The facility did not complete a background check on an identified employee.

Findings #1: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.009.01 for not completing a criminal history and background check on maintenance personnel. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: An unauthorized, identified person was controlling the facility operations, such as budgeting and directing staff.

On 5/3/13, the administrator and three caregivers were interviewed. One caregiver stated the identified person was the maintenance man, but was unaware of his involvement with budgeting or directing staff. Two caregivers stated they were unaware of the identified person's involvement with the facility. The administrator stated, the identified person worked for a construction company and came to the facility along with other construction employees to provide maintenance and oversight of the contract. The administrator stated since she started as administrator on 2/25/13, the identified person had not been involved in the facility operations.

Denise Sowell, Administrator
May 23, 2013
Page 2 of 2

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

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 **May 3, 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.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



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

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