IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

July 14, 2011

Becky Aubertin, Administrator
Edgewood Plantation Place Senior Living, LLC
3921 Kessinger lane
Boise, ID 83703

Dear Ms. Aubertin:

On July 13, 2011, a Initial Licensure Survey was conducted at Edgewood Plantation Place Senior Living, 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 non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. 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 August 12, 2011.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

Maureen A. McCann, RN

Maureen A. McCann, RN
Team Coordinator
Health Facility Surveyor
Residential Care/Assisted Living Program

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August 15, 2011

Becky Aubertin, Administrator
Edgewood Plantation Place Senior Living, LLC
3921 Kessinger Lane
Boise, ID 83703

License #: RC-996

Dear Ms. Aubertin:

On July 13, 2011, a Initial Licensure survey was conducted at Edgewood Plantation Place Llc. 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.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Maureen A. McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Maureen A. McCann, RN

Maureen A. McCann, RN
Team Leader
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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	13R996		07/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD PLANTATION PLACE SENIOR LI\	3921 KESSINGER LN BOISE, ID 83703

(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 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 survey conducted on 7/11/11 through 7/13/11 at your facility. The surveyors conducting the survey were: Maureen McCann, RN Team Coordinator Health Facility Surveyor GLoria Keathley, LSW Health Facility Surveyor	R 000		

IDAHO DEPARTMENT OF
HEALTH & WELFARE

MEDICAID LICENSING & CERTIFICATION - RALF
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

I of II

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Edgewood Plantation Place Senior Living, LLC	3921 Kessinger Lane	208-853-7300
Administrator	**City**	**ZIP Code**
Becky Aubertin	Boise	83703
Survey Team Leader	**Survey Type**	**Survey Date**
Maureen McCann, RN	Initial Survey	July 13, 2011

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	152.05.b.iii	Resident # 3 had a rail on their bed.	26 JUL 11 MMc	
2	220	Seven of seven sampled resident's admission agreements were dated prior to the facility change of ownership.	15 AUG 11 MMc	
3	250.09	There was a pet odor in room 26.	26 AUG 11 MMc	
4	250.14	The facility has accepted/retained residents who have cognitive impairment, however, does not provide a secure and safe interior and exterior environment.	15 AUG 11 MMc	
5	260.03.a	Weeds had accumulated in a garden area in the side yard.	26 JUL 11 MMc	
6	260.04.a	Toxic chemicals were not secured in the laundry room.	15 AUG 11 MMc	
~~7~~	~~300.01~~	~~The facility RN did not delegate to the LPN and 1 of 5 unlicensed staff~~ MMc		
8	310.01.a	A self medicating resident (#6) did not kept her medications secured in her room.	15 AUG 11 MMc	
9	320	A) Resident #1's NSA did not clearly provide for the coordination of outside services (clearly identify which outside agency was to provide which service and when the facility staff were to assist the resident with cares/services.) B) Resident #1 and #3's NSAs did not clearly identify the residents needs (require updating). MMc C) Seven of seven sample residents NSA's were dated prior to the facility change of ownership.	A, B + C 15 AUG 11 MMc	
10	350.02	The facility administrator did not document an investigation of an allegation of abuse.	15 AUG 11 MMc	
11	350.05	The facility administrator did not notify Adult Protection when there was an allegation of abuse.	15 AUG 11 MMc	

Response Required Date	Signature of Facility Representative	Date Signed
August 12, 2011	B Aubertin	7/13/11

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II of II

ASSISTED LIVING
Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Edgewood Plantation Place Senior Living, LLC	3921 Kessinger Lane	208-853-7300
Administrator	**City**	**ZIP Code**
Becky Aubertin	Boise	83703
Survey Team Leader	**Survey Type**	**Survey Date**
Maureen McCann, RN	Initial Survey	July 13, 2011

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
12	451.02	The facility did not offer snacks three times daily.	15 AUG 11 MMC	
13	625.01	A) Orientation training must include the number of hours provided. MMC B) Orientation training for 2 of 7 staff was completed prior to the facility change of ownership.	(A+B) 15 AUG 11 MMC	
14	630.01	2 of 7 staff did not have dementia training documentation. MMC	15 AUG 11 MMC	
15	630.02	1 of 7 staff did not have mental illness training documentation.	15 AUG 11 MMC	
16	630.04	1 of 7 staff did not have traumatic brain injury training documentation.	15 AUG 11 MMC	
17	711.08	The facility did not maintain care notes signed and dated by the person providing the care (outside services).	15 AUG 11 MMC	
18	730.01.f	A) 3 of 6 staff did not have current 1st Aid training documentation. B) 2 of 6 staff did not have current CPR training documentation.	15 AUG 11 MMC	
19	740.02	The facility did not maintain copies of menu substitutions.	15 AUG 11 MMC	

Response Required Date	Signature of Facility Representative	Date Signed
August 12, 2011	Bauer	7/13/11

Date July 12, 2011 Page 1 of 1

IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Food Protection Program, Office of Epidemiology
450 West State Street, Boise, Idaho 83702 208-334-5938

Establishment Name	Operator
Edgewood Assisted Living	Becky Auberlin
Address: 3421 Kessinger Lane	City: Boise Zip: 83703
County: ADA Estab #: EHS/SUR.#:	Inspection time: Travel time:
Inspection Type: Risk Category: HIGH	Follow-Up Report: Date: OR On-Site Follow-Up: Date:

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

Critical Violations		Good Retail Practices	
# of Risk Factor Violations	0	# of Retail Practice Violations	0
# of Repeat Violations	0	# of Repeat Violations	0
Score	0	Score	0
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
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	☐	☐
Y N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	☐	☐
Y N	7. Handwashing Facilities (5-203 & 6-301)	☐	☐
	Approved Sources		
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)	☐	☐

	Potentially Hazardous Food Time/Temperature	COS	R
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 (3-401)	☐	☐
Y N N/O N/A	17. Cooling (3-403)	☐	☐
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)	☐	☐
Y N N/O N/A	**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 (3-202.12)	☐	☐
Y N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	☐	☐
	Conformance with Approval 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
Chicken from oven	194	Gravey in aspic	399				
Gravy from microwave	182						

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. Utensils & 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): Barbara Auberlin (Print): Barbara Auberlin DM Title: Date: 7-12-11

Inspector (Signature): [signature] (Print): [signature] Date: 7/12/11

Follow-up: (Circle One) Yes No