



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

July 8, 2015

Barbara Jeanne McCrary, Administrator  
Cottages of Emmett  
411 East 12th Street  
Emmett, Idaho 83617

Provider ID: RC-698

Ms. McCrary:

On March 18, 2015, a state licensure/follow-up/revisit survey and complaint investigation was conducted at Cottage Investors, LLC dba The Cottages of Emmett. 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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P.O. Box 83720  
Boise, Idaho 83720-0009  
EMAIL: ralf@dhw.idaho.gov  
PHONE: 208-364-1962  
FAX: 208-364-1888

March 26, 2015

**CERTIFIED MAIL #: 7007 3020 0001 4050 8821**

Barbara Jeanne McCrary, Administrator  
The Cottages of Emmett  
411 East 12th Street  
Emmett, Idaho 83617

Ms. McCrary:

On March 18, 2015, a state licensure/follow-up/revisit survey and complaint investigation were conducted by Department staff at Cottage Investors, LLC dba The Cottages of Emmett. The facility was cited with repeat non-core issue deficiencies.

**EVIDENCE OF RESOLUTION:**

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 following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) describes the requirements for submitting evidence that the non-core issue deficiencies have been resolved:

***910. Non-core Issues Deficiency.***

***01. Evidence of Resolution.*** *Acceptable evidence of resolution as described in Subsection 130.09 of these rules, must be submitted by the facility to the Licensing and Survey Agency. If acceptable evidence of resolution is not submitted within sixty (60) days from when the facility was found to be out of compliance, the Department may impose enforcement actions as described in Subsection 910.02.a through 910.02.c of these rules.*

The four (4) non-core issue deficiencies must be corrected and evidence (including but not limited to receipts, pictures, completed forms, records of training) must be submitted to this office by **April 17, 2015**.

## CIVIL MONETARY PENALTIES

Of the four (4) non-core issue deficiencies identified on the punch list, two (2) were repeat punches. Both of the repeat deficiencies were cited on both of the two (2) previous surveys, 3/3/2014 and 8/28/2014.

225.01 - The facility did not evaluate Resident #1, #2, #3 and #5's behaviors.

225.02 - The facility did not develop interventions for resident #1, #2, #3 and #5's behaviors.

The following administrative rules for Residential Care or Assisted Living Facilities in Idaho give the Department the authority to impose a monetary penalty for these violations:

### ***IDAPA 925. ENFORCEMENT REMEDY OF CIVIL MONETARY PENALTIES.***

***01. Civil Monetary Penalties.*** Civil monetary penalties are based upon one (1) or more deficiencies of noncompliance. Nothing will prevent the Department from imposing this remedy for deficiencies which existed prior to survey or complaint investigation through which they are identified. Actual harm to a resident or residents does not need to be shown. A single act, omission or incident will not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule.

***02. Assessment Amount for Civil Monetary Penalty.*** When civil monetary penalties are imposed, such penalties are assessed for each day the facility is or was out of compliance. The amounts below are multiplied by the total number of occupied licensed beds according to the records of the Department at the time noncompliance is established.

***b. Repeat deficiency is ten dollars (\$10). (Initial deficiency is eight dollars (\$8)).***

For the dates of 12/18/2014 through 3/18/2015:

<b>Penalty</b>	<b>Number of Deficiencies</b>	<b>Times number of Occupied Beds</b>	<b>Times Number of days of non-compliance</b>	<b>Amount of Penalty</b>
\$10.00	2	19	90	\$ 34,200

Maximum penalties allowed in any ninety-day period per IDAPA 16.03.22.925.02.c:

<b># of Occupied Beds in Facility</b>	<b>Initial Deficiency</b>	<b>Repeat Deficiency</b>
3-4 Beds	\$1,440	\$2,880
5-50 Beds	\$3,200	\$6,400
51-100 Beds	\$5,400	\$10,800
101-150 Beds	\$8,800	\$17,600
151 or More Beds	\$14,600	\$29,200

Your facility had 19 occupied beds at the time of the survey. Therefore, your maximum penalty is: \$6400.

**Send payment of \$6,400 by check or money order, made payable to: Licensing & Certification**

Mail your payment to:

**Licensing and Certification - RALF  
PO Box 83720  
Boise, ID 83720-0009**

Payment must be received in full within 30 calendar days from the date this notice is received. Interest accrues on all unpaid penalties at the legal rate of interest for judgments. Failure of a facility to pay the entire penalty, together with any interest, is cause for revocation of the license.

### **ADMINISTRATIVE REVIEW**

You may contest the civil monetary penalty by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, which states: **the request must be signed by the licensed administrator of the facility, identify the challenged decision, and state specifically the grounds for your contention that this decision is erroneous.** The request must be received **no later than twenty-eight (28) days after this notice was mailed**. Any such request should be addressed to:

**Tamara Prisock, Administrator  
Division of Licensing and Certification - DHW  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036**

Upon receipt of a written request that meets the requirements specified in IDAPA 16.05.03.300, an administrative review conference will be scheduled and conducted. The purpose of the conference is to clarify and attempt to resolve the issues. A written review decision will be sent to you within thirty (30) days of the date of the conclusion of the administrative review conference.

If the facility fails to file a request for administrative review within the above specified time period, this decision shall become final.

### **FOLLOW-UP SURVEY**

An on-site, follow-up survey will be scheduled after the administrator submits a letter stating that all deficiencies have been corrected and systems are in place to assure the deficient practices remain corrected. If at the follow-up survey, non-core deficiencies have not been corrected, the Department will take further enforcement action against the license held by Cottage Investors, LLC dba The Cottages of Emmett. Those enforcement actions will include one or more of the following:

- Revocation of the Facility License
- Summary Suspension of the Facility License
- Imposition of Temporary Management
- Limit on Admissions
- Additional Civil Monetary Penalties

Division of Licensing and Certification staff is available to assist you in determining appropriate corrections and avoiding further enforcement actions. Please contact our office at (208) 364-1962 if we may be of assistance, or if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jamie Simpson', written in a cursive style.

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

JS/sc

Enclosure



Facility COTTAGES OF EMMETT, THE	License # RC-698	Physical Address 411 EAST 12TH STREET	Phone Number (208) 365-9490
Administrator Jeanne McCrary	City EMMETT	ZIP Code 83617	Survey Date March 18, 2015
Survey Team Leader Polly Watt-Geier	Survey Type Complaint Investigation and Follow-up	RESPONSE DUE: April 17, 2015	
Administrator Signature 	Date Signed 3/18/15		

**NON-CORE ISSUES**

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	225.01	The facility did not evaluate Resident #1, #2, #3 and #5's behaviors. ***Previously cited on 3/3/14 & <del>9/27/14</del> *** 8/28/14	7/8/15	Pwb
2	225.02	The facility did not develop interventions for Resident #1, #2, #3 and #5's behaviors. ***Previously cited on 3/3/14 & <del>9/27/14</del> *** 8/28/14	6/30/15	Pwb
3	300.02	The facility did not implement Resident #4's pain patch as ordered.	6/30/15	Pwb
4	310.04.a	The facility did not document non-drug interventions for Resident #1, #3 and #5's behaviors, prior to implementing psychotropic medications.	6/30/15	Pwb
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March 26, 2015

Barbara Jeanne McCrary, Administrator  
The Cottages of Emmett  
411 East 12th Street  
Emmett, Idaho 83617

Provider ID: RC-698

Ms. McCrary:

An unannounced, on-site complaint investigation survey was conducted at The Cottages of Emmett between March 17, 2015 and March 18, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006922**

**Allegation #1:** The facility did not have enough staff to meet all residents' activities of daily living needs (ADL's).

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

**Allegation #2:** There were no written instructions regarding specific diets the residents required.

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

**Allegation #3:** The facility used a bedrail to prevent a resident from falling out of bed.

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

**Allegation #4:** Residents were left unsupervised for 5 to 10 minutes, when caregivers left their assigned buildings to help a caregiver in the other building.

Barbara Jeanne McCrary, Administrator

March 26, 2015

Page 2 of 2

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

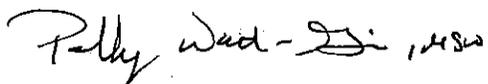
Allegation #5: The facility did not provide orientation or training for newly hired staff.

Findings:

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

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,



POLLY WATT-GEIER, MSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

PWG/sc

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