



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

April 23, 2015

Lisa Moore, Administrator
Emerald Place Assisted Living
7612 Emerald Street
Boise, Idaho 83704

Provider ID: RC-1018

Mrs. Moore:

On March 19, 2015, a complaint investigation was conducted at Emerald Place Assisted Living. 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 Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor

DH/sc

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



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March 31, 2015

Lisa Moore, Administrator
Emerald Place Assisted Living
7612 Emerald Street
Boise, Idaho 83704

Mrs. Moore:

An unannounced, on-site complaint investigation was conducted at Emerald Place Assisted Living on March 19, 2015. At that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006661

Allegation #1: The facility did not have food items available to meet the planned menu.

Findings #1: Unsubstantiated. However, the facility was issued a deficiency at IDAPA 16.03.22.451.01.d for not documenting when substitutions were made to the menu. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility staff were not available to meet residents' needs.

Findings #2: Substantiated. However, not cited as the facility responded appropriately by terminating the employee and there were no current concerns regarding staff availability.

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 **March 19, 2015**. 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) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

DONNA HENSCHIED, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/sc

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



TIME RECEIVED
March 26, 2015 11:39:45 AM MDT
Mar 26 2015 11:26AM Cactus Petes

REMOTE CSID
775 755 2340

DURATION
163

PAGES
1

STATUS
Received

775-755-2340

p. 1

Facility	Licenses	Physical Address	Phone Number
EMERALD PLACE ASSISTED LIVING	RC-1018	7612 Emerald St	(208) 322-03
Administrator	City	ZIP Code	Survey Date
Lisa Moore	Boise	83704	March 19, 2015
Survey Team Leader	Survey Type	RESPONSE D	
Donna Henscheid	Complaint Investigation	April 18, 2015	
Administrator Signature	Date Signed		

NON-CORE ISSUES

Item #	ADARA Rule #	Description	Documented FOR Accepted
1	451.01.d	The facility did not document when substitutions were made to the menu.	
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