



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

May 4, 2015

Virginia Thornley, Administrator
Wynwood at Riverplace
739 East Parkcenter Boulevard
Boise, Idaho 83706

Provider ID: RC-401

Ms. Thornley:

On April 23, 2015, a follow-up visit to the survey of , was conducted at Wynwood At Riverplace. The core issue deficiencies issued as a result of the , survey have been corrected.

- The conditions of your provisional license have been met. Your full license has been restored and a new certificate enclosed.
- You are no longer required to retain your consultant. No further consultant reports are required.

Should you have questions, please contact me at (208) 364-1962.

Sincerely,

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

JS/sc



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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

May 4, 2015

Virginia Thornley, Administrator
Wynwood at Riverplace
739 East Parkcenter Boulevard
Boise, Idaho 83706

Provider ID: RC-401

Ms. Thornley:

An unannounced, on-site complaint investigation survey was conducted at Wynwood at Riverplace between April 22, 2015 and April 23, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006657

Allegation: The facility did not seek medical intervention in a timely manner after residents experienced changes in condition.

Findings: Unsubstantiated. It could not be determined if the identified resident required frequent checks throughout the night. However, documentation did indicate once the resident was discovered to have a change of condition, immediate appropriate actions were taken by the facility.

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,

MAUREEN MCCANN, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/sc

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

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R401	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2015
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NAME OF PROVIDER OR SUPPLIER WYNWOOD AT RIVERPLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 739 EAST PARKCENTER BOULEVARD BOISE, ID 83706
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(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
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R 000	<p>Initial Comments</p> <p>A follow-up survey to non-core deficiencies and a complaint investigation was conducted at your residential care/assisted living facility between 4/22/15 and 4/23/15. The non-core deficiencies were found to be corrected. The surveyors conducting the follow-up survey and complaint investigation were:</p> <p>Maureen McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, BSN, RN Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____



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May 4, 2015

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Provider ID: RC-401

Ms. Thornley:

An unannounced, on-site complaint investigation was conducted at Wynwood at Riverplace between April 22, 2015 and April 23, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006838

Allegation: The facility did not serve an adequate amount food to residents.

Findings: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven. The survey team provided technical assistance to the kitchen manager regarding food concerns expressed by the residents during resident interviews.

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,

MAUREEN MCCANN, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/sc

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