



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 1, 2015

Steven Holloway, Administrator
Emeritus at Coeur d' Alene
205 East Anton Avenue
Coeur d'Alene, Idaho 83814

Provider ID: RC-771

Mr. Holloway:

On May 18, 2015, a complaint investigation was conducted at Emeritus at Coeur d' Alene. 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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May 26, 2015

Steven Holloway, Administrator
Emeritus at Coeur d' Alene
205 East Anton Avenue
Coeur d'Alene, Idaho 83814

Provider ID: RC-771

Mr. Holloway:

A complaint investigation was conducted at Emeritus at Coeur d' Alene between May 14, 2015 and May 18, 2015. 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 18, 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.

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) 364-1962. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

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

DH/sc



Facility EMERITUS AT COEUR D'ALENE	License # RC-771	Physical Address 205 EAST ANTON AVENUE	Phone Number (208) 667-6490
Administrator Steve Holloway	City COEUR D'ALENE	ZIP Code 83815	Survey Date May 18, 2015
Survey Team Leader Donna Henscheid, LSW	Survey Type Complaint Investigation	RESPONSE DUE: June 17, 2015	
Administrator Signature	Date Signed		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	215.05	The facility administrator did not ensure the facility did not retain residents who were beyond the facility's capability to provide appropriate care.	6/23/15	DH
2	260.06	Some residents' rooms were not maintained in a clean and orderly manner. For example: Carpets were dirty, toilets were running constantly, walls were chipped, a door frame was loose, a room had holes in the bathroom door, and there were strong odors in multiple rooms (one of which the odor was evident in the hallway).	6/23/15	DH
3	305.02	Medications were not available to residents as ordered.	6/23/15	DH
4	305.03	The facility RN did not document a change of condition assessment had been completed for Resident #2 and Resident #4.	6/23/15	DH
5	320	The facility did not provide a current NSA for Resident #4.	6/23/15	DH
6	330.02	The facility did not protect Resident #4's record from theft.	6/23/15	DH
7	415.01	The facility's fire door system was not functioning correctly.	6/23/15	DA
8	415.06	The facility did not institute a fire watch for two days when fire doors were not functioning correctly.	6/23/15	DH
9	711.04	There was no documentation Resident #4 was notified of the consequences of refusing cares and eating. Further, there was no documentation Resident #4's physician had been notified of the resident's refusals.	6/23/15	DH
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May 26, 2015

Steven Holloway, Administrator
Emeritus at Coeur d' Alene
205 East Anton Avenue
Coeur d'Alene, Idaho 83814

Provider ID: RC-771

Mr. Holloway:

An unannounced, on-site complaint investigation was conducted at Emeritus at Coeur d' Alene between May 14, 2015 and May 18, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006727

Allegation: The facility did not have medications available to residents as ordered.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.02 for not having residents' medications available. The facility was required to submit evidence of resolution within 30 days.

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



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May 26, 2015

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Provider ID: RC-771

Mr. Holloway:

An unannounced, on-site complaint investigation survey was conducted at Emeritus at Coeur d' Alene between May 14, 2015 and May 18, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006772

Allegation: The facility retained residents who they could not provide appropriate care.

Findings: The facility was issued a deficiency at IDAPA 16.03.22.215.05 for the administrator not ensuring the facility did not retain residents who were beyond the facility's capability to provide appropriate care. The facility was required to submit evidence of resolution within 30 days.

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

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