



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: 208-334-6626
FAX: 208-364-1888

April 15, 2013

Victor Odiakosa, Administrator
Wynwood at Riverplace
739 East Parkcenter Boulevard
Boise, ID 83706

License #: RC401

Dear Mr. Odiakosa:

On January 22, 2013, a state licensure/follow-up survey and complaint investigation was conducted at Wynwood at Riverplace. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- 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 plan of correction and 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
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

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



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January 24, 2013

CERTIFIED MAIL #: 7007 3020 0001 4050 8029

Victor Odiakosa
Wynwood At Riverplace
739 East Parkcenter Boulevard
Boise, ID 83706

Dear Mr. Odiakosa:

Based on the Complaint Investig.,state Licensure conducted by our staff at Wynwood At Riverplace on January 22, 2013, we have determined that the facility failed to

This core issue deficiency substantially limits the capacity of Wynwood At Riverplace to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **March 8, 2013**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ◆ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ◆ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ◆ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ◆ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ◆ What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **February 6, 2013**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Bureau of Facility Standards

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 01/22/2013
NAME OF PROVIDER OR SUPPLIER WYNWOOD AT RIVERPLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 739 EAST PARKCENTER BOULEVARD BOISE, ID 83706		
(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 following deficiencies were cited during the Licensure, Follow-up and Complaint Investigation survey conducted January 14, 2013 through January 22, 2013 at your residential care/assisted living facility. The surveyors conducting the survey were: Maureen McCann, RN Team Leader Health Facility Surveyor Donna Henscheid, LSW Health Facility Surveyor Rae Jean McPhillips, RN, BSN Health Facility Surveyor Abbreviations and Definitions: BG = blood glucose Hypoglycemia = low blood glucose level LPN = Licensed Practical Nurse MAR = medication assistance record NSA = negotiated service agreement RN = Registered Nurse	R 000		
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from Inadequate care. This Rule is not met as evidenced by: Based on observations, interview and record review, it was determined the facility failed to provide appropriate assistance with insulin to 2 of	R 008	1. see next page	

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER WYNWOOD AT RIVERPLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 739 EAST PARKCENTER BOULEVARD BOISE, ID 83708		
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R 008	<p>Continued From page 1</p> <p>3 sampled residents (#7 and #10) who were insulin dependent diabetics. Additionally, the facility retained 1 of 3 sampled residents (#3) whose pressure ulcer progressed beyond a Stage II.</p> <p>I. Assistance and Monitoring of Insulin</p> <p>1. Resident #7 was an 84 year-old female who was admitted to the facility on 5/27/10 with diagnoses that included insulin dependent Type II diabetes and glaucoma.</p> <p>On 1/16/13 at 12:20 PM, the resident stated she was legally blind and that unlicensed staff told her what her blood glucose levels were and how much insulin she needed. She stated she was able to dial her insulin pen to the dosage she was told and then inject herself. When presented with the insulin sliding scale, that had been taped to the inside of a cabinet, she confirmed she was unable to read it.</p> <p>The October 5, 2012 through November 4, 2012, MARs documented Resident #7's sliding scale insulin dosage was changed on 10/25/12. Prior to the implementation of this two-tiered sliding scale, the resident was on a single sliding scale that was applicable for breakfast, lunch, dinner and bedtime. The new Insulin sliding scale was:</p> <p>Breakfast and Bedtime:</p> <p>BG of 141 - 190 = 3 units 191 - 240 = 5 units 241 - 290 = 7 units 291 - 340 = 9 units</p> <p>Lunch and Dinner:</p>	R 008	<p>I. Assistance and Monitoring of Insulin</p> <p>a) Resident #7 no longer has 3 different Insulin sliding scales. We have worked w/ the family and physician to simplify into 1 set long-acting dose and 1 set sliding dose if CRG 7200, 5u of humalog. Resident #7 is able to remember her dose as "5"</p> <p>b) We currently have 3 residents where we assist w/ insulin. RN will provide more oversight of insulin i.e. MARs, staff training) assistance. Orders will be transcribed clearly for staff to understand clearly</p>	

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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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R 008	<p>Continued From page 2</p> <p>BG of 141 - 190 = 6 units 191 - 240 = 8 units 241 - 290 = 10 units 291 - 340 = 12 units</p> <p>The MAR documented the following errors:</p> <p>*On 10/27, 10/28 and 10/29/12 at 8:00 PM, the resident's BG was 202. She received 8 units, when according to the "bedtime" sliding scale, she should have received only 5 units.</p> <p>*On 11/4/12 at 11:30 AM, the resident's BG was 261. She received 6 units, when according to the "lunch" sliding scale she should have received 10 units.</p> <p>The November 5, 2012 through December 4, 2012 MARs, documented the resident's sliding scale remained the same and documented the following error:</p> <p>*On 11/11/12 at 11:30 AM, the resident's BG was 184. She received 3 units, when according to the "lunch" sliding scale, she should have received 6 units.</p> <p>On 12/1/12 the physician changed the sliding scale to:</p> <p>Breakfast</p> <p>BG of 141 - 190 = 3 units 191 - 240 = 5 units 241 - 290 = 7 units 291 - 340 = 9 units if over 340 = 12 units and call nurse</p> <p>Lunch and Dinner</p>	R 008	<p>c) RN will provide more oversight overall meds that require parameters, assessment or interpretation and coordinate c physicians.</p> <p>d) Corrective Actions will be monitored weekly. Staff will be retrained on how to read the MAR and when to report to the nurse.</p> <p>e) For the last week, RN has called nightly to check and instruct staff on res # 7 and res # 14s BGs. Corrective action will be ongoing.</p>	

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R 008	<p>Continued From page 3</p> <p>BG of 141 - 190 = 6 units 191 - 240 = 8 units 241 - 290 = 10 units 291 - 340 = 12 units if over 340 = 15 units</p> <p>Bedtime</p> <p>BG of 141 - 190 = 0 units 191 - 240 = 2 units 241 - 290 = 4 units 291 - 340 = 6 units if over 340 = 9 units</p> <p>The December 5, 2012 through February 4, 2013 MARs documented the following errors:</p> <p>*On 12/4/12 at 7:30 AM, the resident's BG was 151. She received 7 units, when according to the "breakfast" sliding scale, she should have received 3 units.</p> <p>*On 12/16/12 at 11:30 AM, the resident's BG was 277. She received 8 units, when according to the "lunch" sliding scale, she should have received 10 units.</p> <p>*On 12/25/12 at 11:30 AM, the resident's BG was 149. She received 3 units, when according to the "lunch" sliding scale, she should have received 6 units.</p> <p>*On 12/30/12 at 11:30 AM, the resident's BG was 153. She received 3 units, when according to the "lunch" sliding scale, she should have received 6 units.</p> <p>*On 12/31/12 at 11:30 AM, the resident's BG was 184. She received 2 units, when according to the "lunch" sliding scale, she should have received 6</p>	R 008		

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R 008	<p>Continued From page 4</p> <p>units.</p> <p>*On 1/4/13 at 8:00 PM, the resident's BG was 305. She received 4 units, when according to the "bedtime" sliding scale, she should have received 6 units.</p> <p>*On 1/10/13 at 7:30 AM, the resident's BG was 136. She should not have received any insulin according to the "breakfast" sliding scale; however, she received 3 units.</p> <p>On 1/16/13 at 1:30 PM, the facility RN stated that Resident #7 was legally blind and would not be able to see the sliding scale that was posted to the inside of the cabinet. She stated the resident's physician had also changed the sliding scale so the resident did not know the dosage of insulin she was to receive. She confirmed that unlicensed staff told the resident what her BG levels were and the amount of insulin she would need to self-inject.</p> <p>On 1/17/13 at 2:00 PM, the RN and LPN reviewed Resident #7's MARs. Both confirmed the resident had received incorrect insulin dosages.</p> <p>Unlicensed staff were acting outside of their scope of practice when they interpreted the sliding insulin scale of an unstable diabetic and made the determination as to how many units of insulin she was to receive. The resident received the incorrect dosage of insulin on 12 occasions, placing her at risk for further medical complications.</p> <p>2. Resident #14 was a 91 year-old female who was admitted to the facility on 6/22/10 with diagnoses that included Type II diabetes.</p>	R 008		

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R 008	<p>Continued From page 5</p> <p>The resident's October 5, 2012 through February 4, 2013, MARs documented she was on a fixed dosage of 10 units of insulin to be self-injected prior to each meal. The MARs also documented staff were to hold the resident's insulin if her BG level was below 75.</p> <p>The MARs documented the following errors:</p> <p>*On 10/6/12 at 4:30 PM, the resident's BG was 72, she received 10 units.</p> <p>*On 11/16/12 at 11:30 AM, the resident's BG was 73, she received 10 units.</p> <p>*On 1/13/13 at 11:30 AM, the resident's BG was 67, she received 10 units.</p> <p>On 1/17/13 at 2:00 PM, the RN and LPN reviewed Resident #14's MARs. Both confirmed that unlicensed staff gave the resident her insulin when it should have been held due to her low BG.</p> <p>From 10/6/12 until 1/13/13, unlicensed staff gave Resident #14 insulin to self-inject three times when her BG levels were too low. When Resident #14 was given insulin on those occasions by unlicensed staff, she was placed at risk for hypoglycemia which could lead to seizures, unconsciousness or death.</p> <p>II. Retention</p> <p>According to IDAPA 16.03.22.05, Policies of Acceptable Admissions.</p> <p>"Written descriptions of the conditions for admitting residents to the facility must include:</p>	R 008	<p>11. Retention</p> <p>a) Residents w/ wounds will not be retained if wounds are not healing bi-weekly or pressure sores advance beyond Stage 2.</p> <p>b) We currently have 3 residents w/ pressure sores that are stage II / III with radiation burns. Residents (all) will be monitored thrice weekly by shower aide to check skin and report to nurse any changes.</p> <p>c) RN will coordinate & provide more oversight w/ home health / hospice companies.</p> <p>d) RN will monitor & document weekly to look for improvement in size, edges, exudate, odor and other evidence of healing bi-weekly. If wounds not healing will give 30-day eviction notice.</p>	
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R 008	<p>Continued From page 6</p> <p>...b. No resident will be admitted or retained who requires ongoing skilled nursing or care not within the legally licensed authority of the facility. Such residents include:</p> <p>...ix. A resident with a Stage III or IV pressure ulcer"</p> <p>Resident #3 was a 94 year-old woman, who was admitted to the facility on 5/24/11 with diagnoses of peripheral neuropathy, right-sided weakness related to a stroke and a Stage-II pressure ulcer on her right heel.</p> <p>NSAs, dated 9/26/12 and 12/18/12, documented the resident had a pressure ulcer on her right heel and received "skilled" dressing changes twice weekly from a home health agency. Further, the resident also received care for the wound at a wound clinic.</p> <p>A quarterly nursing assessment, dated 6/8/12, documented the resident had an "intact callous to right heel."</p> <p>A facility progress note, dated 8/20/12, documented Resident #3 received antibiotics to treat a right heel wound infection.</p> <p>Quarterly nursing assessments, dated 9/12/12 and 12/27/12, documented the resident had a pressure ulcer on the right heel and received treatment from a home health agency, as well as a wound clinic.</p> <p>Wound clinic progress reports, requested by surveyors on 1/15/12, documented the following:</p> <p>* On 8/14/12 - "This patient's ulcer has been present for probably 8 or 9 months and was</p>	R 008	<p>RN will monitor food intake, pressure relieving interventions to prevent breakdown.</p> <p>e) corrective actions will be ongoing. Monitoring and documentation of wounds has already been started. Eviction notice has been given.</p>	

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R 008	<p>Continued From page 7</p> <p>actually by report slowly getting better and now seems worse... Stage-III pressure ulcer of the right heel concerning for stage IV." The note also documented a wound culture was taken.</p> <p>* On 8/22/12 - "Stage III pressure ulcer of the right heel with concern for bony involvement today." The note further documented the resident received antibiotics for an infection in the wound.</p> <p>* On 8/30/12 - "Right lateral heel Stage-III pressure ulcer: overall slightly Improved."</p> <p>* On 9/25/12 - "Right lateral heel Stage III pressure ulcer, stable."</p> <p>* On 10/23/12 - "Stage III right lateral heel pressure ulcer."</p> <p>* On 11/20/12 - "Stage-IV right lateral heel pressure ulcer with deterioration this visit."</p> <p>* On 12/20/12 - "Stage-IV right lateral heel pressure ulcer."</p> <p>On 1/16/13, after reviewing the wound clinic progress reports, requested by surveyors, the facility nurse confirmed the wound clinic documented the pressure ulcer had progressed from a Stage II to a Stage IV. The nurse further stated she was not aware the wound had progressed beyond a Stage II.</p> <p>Between 8/14/12 and 12/20/12, the facility retained Resident #3 who had a pressure ulcer that progressed beyond what the facility was licensed to care for.</p> <p>The facility failed to provide appropriate assistance with insulin to Resident #7 and</p>	R 008		

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R 008	Continued From page 8 Resident #14 who were Insulin dependent diabetics. Additionally, the facility retained Resident #3 whose pressure ulcer progressed beyond a Stage II. This resulted in inadequate care.	R 008	Date of Completion for Box issued 3/12/13. SC

SC
Sarah Christiansen RN

2/13/13



Facility Name Wynwood at River Place	Physical Address 739 East Parkcenter Blvd	Phone Number 208-734-6062
Administrator Victor Odiakosa	City Boise	ZIP Code 83706
Survey Team Leader Maureen McCann	Survey Type Licensure/follow-up survey and complaint investigation	Survey Date January 22, 2013

NON-CORE ISSUES PAGE 1 OF 2

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.06.c	3 of 10 staff had not completed a required state police background check.	3/6/13 <i>mm</i>	
2	250.02	Plans were not submitted to Licensing and Certification prior to a room remodel. (#218)	3/21/13 <i>mm</i>	
3	260.06	Carpets in residents' rooms throughout the facility required cleaning.	3/6/13 <i>mm</i>	
4	305.02	1) Resident #'s 3, 6 and 10, did not have current diet orders. 2) Resident # 4's oxygen order required clarification. (Different flow rates were documented in different places)	1) 3/6/13 <i>mm</i> 2) 3/4/13 <i>mm</i>	
5	305.06	The facility nurse did not complete an initial self-medicating assessment for Resident #9.	3/6/13 <i>mm</i>	
6	310.01.d	Unlicensed assistive personnel did not notify the facility nurse when holding a resident's medication. (Resident #2) ****Previously cited on 11/17/11****	3/6/13 <i>mm</i>	
7	310.01.f	Unlicensed assistive personnel did not observe residents take their medication during medication assistance. ****Previously cited on 11/17/11****	3/6/13 <i>mm</i>	
8	320.01	NSA's did not reflect current needs, such as: A) Resident #4's low bed, fall preventions and the cares hospice was providing B) Resident #2's AFO and geri-gloves C) Resident #'s 3, 6 and 10's diets.	A) 3/6/13 <i>mm</i> B) 3/6/13 <i>mm</i> C) 3/6/13 <i>mm</i>	
9	320.03	Resident #4's and 9's NSAs were not signed by all parties (administrator, resident or the resident's representative).	3/18/13 <i>mm</i>	
10	350.02	The facility administrator did not complete an investigation on all incidents, accidents and allegations of abuse.	3/6/13 <i>mm</i>	

Response Required Date February 21, 2013	Signature of Facility Representative 	Date Signed 1/22/2013
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IDAHO DEPARTMENT OF HEALTH & WELFARE Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
 3232 W. Elder Street, Boise, Idaho 83705
 208-334-6626

Critical Violations Noncritical Violations

Establishment Name <i>Winnwood at Riverplace</i>		Operator <i>Victor Odia Kasa</i>	
Address <i>739 E. Parkplace Blvd.</i>			
County <i>Ada</i>	Estab # <i>1111</i>	EHS/SUR.# <i>1111</i>	Risk Category <i>High</i>
Inspection Type: <i>High</i>		Follow-Up Report: OR	On-Site Follow-Up: OR
Date: _____		Date: _____	

# of Risk Factor Violations <i>5</i>	<input checked="" type="checkbox"/>	# of Retail Practice Violations <i>0</i>	<input checked="" type="checkbox"/>
# of Repeat Violations <i>0</i>	<input checked="" type="checkbox"/>	# of Repeat Violations <i>0</i>	<input checked="" type="checkbox"/>
Score <i>0</i>	<input checked="" type="checkbox"/>	Score <i>0</i>	<input checked="" type="checkbox"/>
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	

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

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
<input checked="" type="checkbox"/> N	1. Certification by Accredited Program, or Approved Course, or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health (2-201)			
<input checked="" type="checkbox"/> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices			
<input checked="" type="checkbox"/> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination			
<input checked="" type="checkbox"/> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
<input checked="" type="checkbox"/> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination			
<input checked="" type="checkbox"/> N	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	13. Returned / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

Potentially Hazardous Food Time/Temperature		COS	R
<input checked="" type="checkbox"/> N	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
<input checked="" type="checkbox"/> N	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
<input checked="" type="checkbox"/> N	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
Chemical			
<input checked="" type="checkbox"/> N	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures			
<input checked="" type="checkbox"/> N	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

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
<i>Synthetic source</i>	<i>189°</i>	<i>cooked potatoes/fudge</i>	<i>38.4</i>				
<i>bean soup/syrup</i>	<i>190°</i>						

GOOD RETAIL PRACTICES (input checked = not in compliance)

	COS	R		COS	R		COS	R
<input type="checkbox"/> 27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49. Other	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) <i>V. Kasa</i> (Print) <i>Victor Odia Kasa</i> Title <i>ED</i> Date <i>1/22/2013</i>	Follow-up: (Circle One) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspector (Signature) <i>Donna Henscheid</i> (Print) <i>Donna Henscheid</i> Date <i>1/18/13</i>	



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: 208-334-6626
FAX: 208-364-1888

January 24, 2013

Victor Odiakosa, Administrator
Wynwood At Riverplace
739 East Parkcenter Boulevard
Boise, ID 83706

Dear Mr. Odiakosa:

An unannounced, on-site complaint investigation survey was conducted at Wynwood At Riverplace from January 14, 2013, to January 22, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005736

- Allegation #1:** Residents who required a medication that had to be given on an empty stomach, were awakened as early as 5:00 AM.
- Findings #1:** **Substantiated.** However, the facility was not cited as they acted appropriately by identifying the problem prior to the survey. The facility adjusted the medication time to later in the morning for residents who did not want to be awakened earlier.
- Allegation #2:** Residents were not observed to take their medications when assisted by unlicensed assistive personnel.
- Findings #2:** **Substantiated.** The facility was issued a deficiency at IDAPA 16.03.22.310.01.f, for not observing residents when they took their medications. The facility was required to submit evidence of resolution within 30 days.

Victor Odiakosa, Administrator

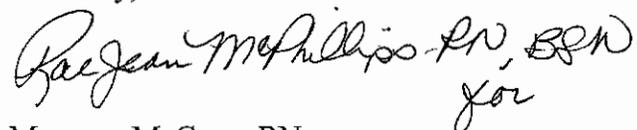
January 24, 2013

Page 2 of 2

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 **01/22/2013**. 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) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

The image shows a handwritten signature in cursive that reads "Maureen McCann RN, BSN". Below the signature, the word "for" is written in a smaller, simpler cursive script.

Maureen McCann, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MC/rjm

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