



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 #: RC-401

Dear Mr. Odiakosa:

On March 21, 2013, a 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):

- 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 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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April 2, 2013

**CERTIFIED MAIL #7012 1010 0002 0836 0539**

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

Dear Mr. Odiakosa:

On March 21, 2013, a follow-up visit to the Licensure/follow-up survey and complaint investigation survey of January 22, 2013, was conducted at Wynwood at Riverplace. The core issue deficiencies issued as a result of the January 22, 2013, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the punch list. As explained during the exit conference, the completed punch list form and accompanying evidence of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than April 20, 2013.

Of the eight (8) non-core issue deficiencies that were identified on the punch list, seven (7) were identified as repeat punches. One (1) of the repeat deficiencies (310.01.f - unlicensed assistive personnel did not observe residents take their medication during medication assistance) has been cited on three (3) consecutive surveys, as follows:

- 11/17/2011
- 1/22/2013
- 3/21/2013

This deficiency, is a direct violation of the following administrative rules for Residential Care or Assisted Living Facilities in Idaho:

**IDAPA 16.03.22.310. REQUIREMENTS FOR MEDICATION**

**01. Medication Distribution System.** f. Each resident must be observed taking the medication.

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).

Based on findings that you failed to ensure residents who required assistance were observed taking their medications, the Department is imposing the following penalties:

For the dates of January 23, 2013 through March 21, 2013:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	1	82	58	\$ 47,560

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

# of Occupied Beds in Facility	Initial Deficiency	Repeat Deficiency
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 82 occupied beds at the time of the survey. Therefore, your maximum penalty is: \$10,800.

Send payment of \$10,800 by check or money order, made payable to:

**Licensing and 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 or the amount may be withheld from Medicaid payments to the facility.

Please be advised that you may contest this decision by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, **no later than twenty-eight (28) days after this notice was mailed.** Any such request should be addressed to:

Victor Odiakosa  
April 2, 2013  
Page 3 of 3

**Debby Ransom, R.N., R.H.I.T.**  
**Bureau Chief, Licensing and Certification**  
**Department of Health and Welfare**  
**3232 Elder Street**  
**P.O. Box 83720**  
**Boise, ID 83720-0009**

If you fail to file a request for administrative review within the time allowed, this decision shall become final.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys would result in additional enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,



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

MMC/tp

cc: Pam Mason, LTC Program Manager, Regional Medicaid Services, Region IV – DHW  
Steve Millward, Licensing and Certification



Facility Name Wynwood at River Place	Physical Address 739 East Parkcenter Blvd	Phone Number 208-338-5600
Administrator Victor Odiakosa	City Boise	ZIP Code 83706
Survey Team Leader Maureen McCann	Survey Type Follow-up survey and complaint investigation	Survey Date March 21, 2013

**NON-CORE ISSUES PAGE 1**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
1	305.02 16.03.22	A) Resident's #3 and #9's diets were not clarified. B) Resident #3's Synthroid order needed to be clarified. C) Resident's #4 and #9's sliding scale insulin orders did not have parameters. D) Resident #4's oxygen order did not contain a flow rate. ***PREVIOUSLY CITED ON 1/22/13***	A, B, C + D 4/8/13 JME	
2	305.06	The facility nurse did not complete a self-medicating assessment for Resident #'s 2, 6 and 10. Resident #7 was not assessed to self-medicate Lotrimin cream. ***PREVIOUSLY CITED ON 1/22/13***	4/8/13 JME	
3	310.01.F	Unlicensed assistive personnel did not observe residents take their medication during medication assistance. ***PREVIOUSLY CITED ON 11/17/11 and 1/22/13***	4/15/13 JME	
4	320.01	A) Resident #3's NSA was not updated for what hospice was doing, interventions to prevent further skin breakdown and current diet. B) Resident's #4 and #8's NSA's were not updated to reflect their current diet orders. ***PREVIOUSLY CITED ON 1/22/13***	A) 4/15/13 JME B) 4/8/13 JME	
5	350.02	The facility administrator did not complete an investigation on all incidents and accidents. ***PREVIOUSLY CITED ON 1/22/13***	4/15/13 JME	
6	350.04	The facility administrator did not respond to residents' complaint within 30 days. ***PREVIOUSLY CITED ON 1/22/13***	4/15/13 JME	
7	350.07	The facility did not notify licensing and certification of a reportable incident.	4/8/13 JME	
8	725.01	The facility did not maintain an updated admission and discharge register. ***PREVIOUSLY CITED ON 1/22/13***	4/15/13 JME	

Response Required Date April 20, 2013	Signature of Facility Representative 	Date Signed 3/21/2013
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P.O. Box 83720  
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PHONE: 208-334-6628  
FAX: 208-364-1888

March 22, 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 March 20, 2013, to March 21, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00005922**

- Allegation #1: The facility did not notify Licensing and Certification of an identified reportable incident.
- Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.07 for not notifying Licensing and Certification of an identified reportable incident. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2: The facility administrator did not complete an investigation after an identified resident fell.
- Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.02 for the facility administrator not completing an investigation after an identified resident fell. The facility was required to submit evidence of resolution within 30 days.

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 03/21/2013. 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

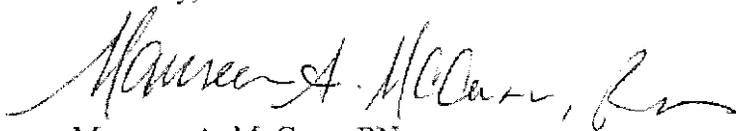
Victor Odiakosa, Administrator

March 22, 2013

Page 2 of #2

the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in cursive script that reads "Maureen A. McCann, RN". The signature is written in black ink and is positioned above the printed name.

Maureen A. McCann, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

mmc/mmc

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