



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER - GOVERNOR  
RICHARD M. ARMSTRONG - DIRECTOR

JUDY A. CORDENIZ - ADMINISTRATOR  
LICENSING AND CERTIFICATION  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

FILE COPY

July 23, 2012

Lisa Moore, Administrator  
Riviera Residential Care - Ctm Enterprises  
924 Riviera Drive  
Boise, ID 83703

License #: Rc-752

Dear Mrs. Moore:

On June 19, 2012, a follow up to non-core items survey was conducted at Riviera Residential Care - Ctm Enterprises. 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 Matt Hauser, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Matt Hauser  
Team Leader  
Health Facility Surveyor  
Residential Assisted Living Facility Program

MH/mh

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



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July 9, 2012

CERTIFIED MAIL #: 7007 3020 0001 4050 7749

Lisa Moore, Administrator  
Riviera Residential Care - CTM Enterprises  
9766 W. Mossy Cup St  
Boise, ID 83709

Dear Mrs. Moore:

A follow-up survey was conducted by our staff at Riviera Residential Care on June 19, 2012. At that time, nine (9) non-core issue deficiencies were identified on the punch list, eight (8) of which were identified as repeat punches, five (5) of which were repeats from two surveys. Please review the non-core issue deficiencies and correct them to ensure further enforcement actions do not arise.

The five (5) deficiencies which were repeats from multiple surveys included: one (1) for failure to conduct criminal history background checks, two (2) for environmental issues, one (1) for menu, and one (1) related to outside service providers. These deficiencies were cited during the following surveys:

- 2/11/2009 - Licensure/complaint survey
- 3/8/2012 - Licensure/follow-up and Complaint Investigation
- 6/19/2012 - Licensure/follow-up for the non-core items cited during the 3/8/2012 survey

These deficiencies, which were cited on three consecutive surveys, are a direct violation of the following administrative rules for Residential Care of Assisted Living Facilities in Idaho:

**IDAPA 009.01 CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.**

**Criminal History and Background Check.** A residential care or assisted living facility must complete a criminal history and background check on employees and contractors hired or contracted with after October 1, 2007, who have direct patient access to residents in the residential care or assisted living facility. The Department check conducted under IDAPA 16.05.06, "Criminal History and Background Checks," satisfies this requirement. Other criminal history and background checks may be acceptable provided they meet the criteria in Subsection 009.02 of this rule and the entity conducting the check issues written findings. The entity must provide a copy of these written findings to both the facility and the employee.

**IDAPA 260.03.a REQUIREMENTS FOR ENVIRONMENTAL SANITATION.** The premises and all buildings must be kept free from accumulation of weeds, trash and rubbish.

**IDAPA 260.06. REQUIREMENTS FOR ENVIRONMENTAL SANITATION. Housekeeping Services and Equipment.** Housekeeping, maintenance personnel, and equipment must be provided to maintain the interior and exterior of the facility in a clean, safe, and orderly manner.

**IDAPA 451.01.d. MENU AND DIET PLANNING.** The facility must serve the planned menu and if substitutions are made the menu must be corrected to reflect the substitutions.

**IDAPA 711.08.f. ONGOING RESIDENT CARE RECORDS.** Notes of care and services provided by outside contract entities, such as nurses, home health, hospice, case managers, psychosocial rehabilitation specialists, or service coordinator.

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 records of the Department at the time noncompliance is established.

b. Repeat deficiency is ten dollars (\$10).

Based on the findings during the complaint investigation, your failure to: conduct criminal history background checks on employees; maintain the facility in a clean, safe and orderly manner; follow the menu or document substitutions; or maintain notes from outside service providers, the Department is imposing the following penalties:

For the dates of March 8, 2012 through June 19, 2012:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	5	8	103	\$41,200.00

Maximum penalty allowed in any ninety day period per IDAPA 16.03.22.925.02.c: \$6,400.

Send payment of \$6,400 by check or money order, made payable to:

**Medicaid Licensing and Certification  
3232 Elder Street  
Boise, ID 83705**

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.

Lisa Moore  
July 9, 2012  
Page 3 of 3

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:

**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.

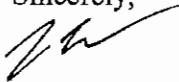
As explained during the exit conference, the completed punch list form and accompanying evidence of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than **July 18, 2012.**

If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, or on a subsequent survey visit, it is determined that any of the deficiencies still exist, the Department will have no alternative but to initiate further enforcement actions, which would include any or all of the following:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to the Licensing and Certification
- d. Additional 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 Assisted Living Facility (RALF) program.

Sincerely,



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

JS/TFP

Enclosure

cc: Jean Christensen, Regional Medicaid Services, Region - DHW  
Steve Millward, Licensing and Certification

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R752</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/19/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVIERA RESIDENTIAL CARE - CTM ENTERPR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 RIVIERA DRIVE BOISE, ID 83703</b>		
(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	<p>Initial Comments</p> <p>A licensure/follow-up and complaint survey was conducted at your residential care/assisted living facility on 03/07/2012 through 03/08/2012 where repeat non-core items were cited. A follow-up survey was conducted on 6/18/12 through 6/19/12, which identified eight (8) repeat non-core deficiencies. The surveyors conducting the standard survey were:</p> <p>Matt Hauser, QMRP Team Leader Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name Riviera Residential Care	Physical Address 924 Riviera Drive	Phone Number 208-333-8050
Administrator Lisa Moore	City Boise	Zip Code 83703
Team Leader Matt Hauser	Survey Type Follow-up	Survey Date 06/19/12

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.01	The facility nurse did not have a criminal history background check completed. **REPEAT (from 2/10/09 and 3/8/12)**	7/23/12 MH	
2	215	The current administrator's license was expired.	7/23/12 MH	
3	220.02	The administrator did not sign Resident #1's admission agreement. **REPEAT (from 3/8/12)**	COS 6/19/12	
4	250.08	The light fixture in the south hallway was not functional. **REPEAT (from 3/8/12) **	COS 6/18/12	
5	260.03.a	Rubbish was allowed to accumulate outside the facility. **REPEAT (from 2/10/09 and 3/8/12)**	COS 6/18/12	
6	260.06	The facility was not maintained in a clean and orderly fashion; A. the following items were scattered in the driveway - a T.V., a tire and wheel, bicycle wheels, wood flooring COS B. the north side yard - bicycle wheels, a leather boot, wooden boards, and 4 fuel cans with fuel COS C. the back yard/porch - 2 broken air conditioners and a broken fan, large branch cutting tool, garden/BBQ tools and chemicals, coffee pots, COS D. the bathroom off the living room had a chipped sink, bathroom light bulb burned out (COS), several resident's rooms carpets were worn and required deep cleaning, one room had holes in the walls and dirty walls, air vents needed cleaning, and the out side of the refrigerators needed cleaning. **REPEAT (2/10/09 and 3/9/12)**	7/23/12 MH	
7	451.01.d	The facility did not follow the menu or document substitutions. **REPEAT (from 2/10/09 and 3/8/12)**	7/23/12 MH	
8	455	The facility did not maintain a 7 day supply of non-perishable foods and a 2 day supply of perishable food necessary to meet the menu. **REPEAT (from 3/8/12)**	7/23/12 MH	
9	711.08.f	The facility did not have notes from outside service providers. **REPEAT (from 2/10/09 and 3/8/12)**	7/23/12 MH	
Response Required Date 07/19/12	Signature of Facility Representative 		Date Signed 6-19-12	