



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

August 31, 2012

Bridget Kosinski, Administrator
Emeritus At Coeur D'Alene
3131 Elliott Avenue - Suite 500
Seattle, WA 98121

License #: Rc-771

Dear Ms. Kosinski:

On June 27, 2012, a State Licensure and Complaint Investigation survey 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):

- 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Gloria Keathley, LSW
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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July 2, 2012

CERTIFIED MAIL #: 7007 3020 0001 4050 7756

Administrator
Emeritus At Coeur D' Alene
205 East Anton Avenue
Coeur D'Alene, ID 83814

Dear Administrator:

Based on the State Licensure, Follow-up and Complaint Investigation conducted by our staff at Emeritus At Coeur D' Alene on June 27, 2012, we have determined that the facility failed to retain a licensed administrator responsible for the day-to-day operations for a period more than 30 days.

This core issue deficiency substantially limits the capacity of Emeritus At Coeur D' Alene 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 **August 11, 2012**. **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 **July 15, 2012**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS,

Trudie Chamberlain

July 2, 2012

Page 2 of 2

you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Care Program for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies. See the IDR policy and directions on our website at www.assistedliving.dhw.idaho.gov. If your request for informal dispute resolution is not received within the appropriate time-frame, your request will not be granted..

Please bear in mind that twenty-four (24) non-core issue deficiencies were identified on the punch list and ten (10) were identified as repeat punches. 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 27, 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 these deficiencies still exist or new core issue deficiencies are identified, the Department will have no alternative but to initiate the enforcement of civil monetary penalties, as described in IDAPA 16.03.22.910.02 and IDAPA 16.03.22.925.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626 and ask for the RALF program.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program
Medicaid Licensing & Certification

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R771	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2012
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NAME OF PROVIDER OR SUPPLIER EMERITUS AT COEUR D' ALENE	STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST ANTON AVENUE COEUR D'ALENE, ID 83814
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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	Initial Comments The following deficiency was cited during the licensure, follow-up and complaint investigation conducted on 06/26/2012 through 06/27/2012 at your residential care/assisted living facility. The surveyors conducting the survey were: Gloria Keathley, LSW Team Leader Health Facility Surveyor Rachel Corey, RN Health Facility Surveyor Matt Hauser, QMRP Health Facility Surveyor Maureen McCann, RN Health Facility Surveyor	R 000	State Survey Plan of Correction <i>The following is Emeritus at Coeur d' Alene's Plan of Correction to the Department of Social and Health Services Statement of Deficiencies dated 7/2/12 and received at the community via certified mail on 7/5/12. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions outlined in the Statement of Deficiencies. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or findings. We have not presented all contrary factual or legal arguments, nor have we identified all mitigation factors.</i>	
R 004	16.03.22.215.03 Licensed Administrator Requirement - 30 Days The facility may not operate for more than thirty (30) days without a licensed administrator. This Rule is not met as evidenced by: Based on interview and record review, it was determined the facility failed to retain a licensed administrator responsible for the day-to-day operations of the facility for a period of more than 30 days. The findings include: A letter written to the Department, dated April 27, 2012, documented the licensed administrator's last day of work was April 4, 2012. It further documented an "Interim Executive Director" had been hired.	R 004	1. <u>16.03.22.215.03- Licensed Administrator Requirement- 30 days</u> I. Corrective Action: Effective 07/09/12, Sheri Rogers has placed her Administrative License at Emeritus at Coeur d'Alene. The Idaho State Department of Health and Welfare has been contacted regarding this corrective action and administrator license change. (See copy of email)	

RECEIVED
JUL 11 2012
DIV OF LIC & CERT

Bureau of Facility Standards
Sheri K Rogers, RN, RCA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *July 10, 2012* (X6) DATE

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R771	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2012
NAME OF PROVIDER OR SUPPLIER EMERITUS AT COEUR D' ALENE		STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST ANTON AVENUE COEUR D'ALENE, ID 83814		
(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 004	<p>Continued From page 1</p> <p>On April 30, 2012, the Department confirmed with the Idaho Bureau of Occupational Licenses that the "Interim Director" was not a licensed administrator in Idaho.</p> <p>An e-mail from the Human Resource Director of the facility dated June 26, 2012, documented the last administrator had resigned on April 4, 2012.</p> <p>On 6/26/12 at 8:50 AM, the current Executive Director stated she was not a licensed administrator.</p> <p>The facility operated for 84 days without a licensed administrator.</p>	R 004	<p>II. Systemic Change:</p> <p>Emeritus at Coeur d'Alene will have an administrator or designee on site sufficiently to provide for safe and adequate care of the residents to meet the terms in the Negotiated Service Agreement.</p> <p>III. Monitoring:</p> <p>Emeritus at Coeur d'Alene will be administered under one (1) licensed administrator assigned as the person responsible for the operation of the facility. In the absence of the licensed administrator, Bridget Kosinski will be designated to handle administrative duties. This will be monitored for compliance according to the Idaho State Assisted Living regulations.</p> <p>IV. Date of Completion:</p> <p>This POC will be completed on or before: 07/09/12</p>	



Facility Name Emeritus At Coeur d'Alene	Physical Address 205 E Anton Ave	Phone Number 208-765-4352
Administrator	City Coeur d'Alene	ZIP Code 83814
Survey Team Leader Gloria Keathley, LSW	Survey Type Licensure, Follow-up and Complaint Survey	Survey Date June 27, 2012

NON-CORE ISSUES PAGE 1 OF 3

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	215.05	There was no documentation Resident #3 was professionally evaluated for safety prior to returning to the facility after he made threats of suicide and harm to others.		8-17-12 JK
2	220.02	Resident #4 did not have the current admission agreement in his record.		8-17-12
3	225	Resident #5 and #8's record did not have a behavior management plan which identified and evaluated behavioral symptoms. Additionally, staff was not aware of each behavioral intervention.		8-17-12
4	260.06	The facility was not maintained in a clean and orderly manner such as: a) Several rooms needed the carpet cleaned-rooms 123, 215, 216, 220, 231, and 240. b) Walls needed to be repaired and repainted in room 220. c) Multiple areas needed the carpets vacuumed and the floors mopped, d) The following rooms had strong urine odors: 125, 126, 135, 147, other odors were noted in room 224. e) Multiple closets were observed to have piles of clothing and other debris scattered on the floor. f) The closet door in room 135 was leaning against the wall.		8-17-12
5	300.01	a) Residents #5, #8, and #10 did not have all quarterly assessments in their records since the beginning of the year. b) The current facility nurse did not delegate to the medication aides and care staff. ***REPEAT part b-cited 10/21/09***		8-17-12 B
6	300.02	Resident #5 was not assisted with walking two times per day as ordered by the physician. ***REPEAT- cited 3/2/12***		8-17-12
7	305.02	Not all medications were not available for Resident #2, #3, #4 and a random resident.		8-17-12
8	305.06	Over the counter medications were observed in several residents' rooms and there was no RN assessments completed to ensure the resident were safe to self-administer. ***REPEAT-cited 10/21/09***		8-17-12

Response Required Date July 27, 2012	Signature of Facility Representative 	Date Signed 6/27/12
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Facility Name Emeritus At Coeur d'Alene	Physical Address 205 E Anton Ave	Phone Number 208-765-4352
Administrator	City Coeur d'Alene	ZIP Code 83814
Survey Team Leader Gloria Keathley, LSW	Survey Type Licensure, Follow-up and Complaint Survey	Survey Date June 27, 2012

NON-CORE ISSUES PAGE 2 OF 3

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
9	310.01	A random resident's family member was filling her medi-set.		8-17-12
10	310.01.a	Medications were observed unlocked in multiple residents' rooms.		8-17-12
11	310.01.f	A random resident was not observed taking her medication.		8-17-12
12	320.01	The NSA did not reflect Resident #10's current toileting needs. ****REPEAT-cited 10/21/09***		8-17-12
13	320.03	NSAs were not consistently signed by the resident, resident representative and administrator. ***REPEAT-cited 10/21/09***		8-17-12
14	350.02	The administrator did not investigate all incidents, accidents and complaints. ***REPEAT-cited 10/21/09***		
15	350.04	A written response was not given to all complainants.		8-17-12
16	451.02	Snacks were not offered to residents. ***REPEAT-cited 10/21/09***		8-17-12
17	600.06	Assisted living employees were being utilized to respond to call lights on the independent living side.		8-17-12
18	625.01	5 of 10 employees did not have documented evidence of employee orientation. ***REPEAT-cited 10/21/09***		8-17-12
19	625.03	4 of 10 employees did not have documented evidence of infection control training.		8-17-12
20	630.01	4 of 10 employees did not have documented evidence of dementia training. ***REPEAT-cited 10/21/09***		8-17-12
21	630.02	6 of 10 employees did not have documented evidence of mental illness training. ***REPEAT-cited 10/21/09***		8-17-12

Response Required Date July 27, 2012	Signature of Facility Representative 	Date Signed 6/27/12
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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

Loyalton @

Establishment Name <i>Meditas CDA</i>		Operator <i>LARRY B. WOODY</i>	
Address <i>305 E ANTON AVE</i>			
County <i>Boone</i>	Estab #	EHS/SUR.#	Inspection time: _____ Travel time: _____
Inspection Type:	Risk Category: <i>high</i>	Follow-Up Report: OR	On-Site Follow-Up:
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.		Date: _____	Date: _____

# of Risk Factor Violations	<u>1</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>1</u>	Score	<u>0</u>
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	

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

	Potentially Hazardous Food Time/Temperature	COS	R
<u>Y</u> N <u>N/O</u> <u>N/A</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> <u>N</u> <u>N/O</u> <u>N/A</u>	17. Cooling (3-501)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<u>Y</u> N <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> N <u>N/O</u> <u>N/A</u>	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<u>Y</u> N <u>N/A</u>	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
<u>Y</u> N <u>N/A</u>	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>Ham in a bun</i>	<i>42°</i>	<i>Roast dressing</i>	<i>44°</i>	<i>SOUP ON STOVE</i>	<i>199°</i>		
<i>Collage dressing</i>	<i>44°</i>	<i>Jello</i>	<i>36°</i>	<i>rice pudding</i>	<i>37°</i>		

GOOD RETAIL PRACTICES (X = 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>LARRY B. WOODY</i>	(Print) LARRY B. WOODY	Title <i>DSD</i>	Date <i>6-27-12</i>
Inspector (Signature) <i>[Signature]</i>	(Print) [Name]	Date <i>6/27/12</i>	Follow-up: (Circle One) <input checked="" type="radio"/> Yes <input type="radio"/> No



Food Protection Program, Office of Epidemiology
450 West State Street, Boise, Idaho 83702
208-334-5938

Page 2 of 2
Date 6/26-6/27/12

Establishment Name <u>Emeritus Local Home</u>		Operator <u>Larry Woody</u>	
Address <u>205 E. ANTON AVE</u>			
County <u>LATAH</u>	Estab #.	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

19. Refrigerator in several pans jumped high @ 423, 442, 447
 Thermostat turned down to 36
 PDS
 Re-jumped foods @ 368 + 373

Person in Charge <u>Larry Woody</u>	Date <u>6-27-12</u>	Inspector <u>[Signature]</u>	Date <u>6/27/12</u>
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IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
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LICENSING AND CERTIFICATION
P.O. Box 83720
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PHONE 208-334-6626
FAX 208-364-1888

July 2, 2012

Administrator
Emeritus At Coeur D' Alene
205 East Anton Avenue
Coeur D'Alene, ID 83814

Dear Administrator:

An unannounced, on-site complaint investigation survey was conducted at Emeritus At Coeur D' Alene from June 26, 2012, to June 27, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005601

Allegation #1: The facility operated for more than 30 days without a licensed administrator.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.215.03 for operating for more than 30 days without a licensed administrator to oversee the day to day operations of the facility. The facility was required to submit a plan of correction.

A core issue deficiency was identified during the complaint investigation. Please review the cover letter, which outlines how to develop a Plan of Correction. The Plan of Correction must be submitted to our office within 10 (ten) calendar days of receiving the Statement of Deficiencies.

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 **06/27/2012**. 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,

Gloria Keathley, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program