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

August 21, 2012

Eric Collett, Administrator
Emerson House At River Pointe, Llc
8250 West Marigold
Garden City, ID 83714

Dear Mr. Collett:

An unannounced, on-site complaint investigation survey was conducted at Emerson House At River Pointe, Llc from August 14, 2012, to August 14, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005551

Allegation #1: The facility admitted an identified resident who had methicillin-resistant staphylococcus aureus (MRSA).

Findings #1: On 8/14/12 the resident's closed record was reviewed. A discharge summary from the resident's prior facility did not contain documentation the resident had a diagnosis of MRSA. Additionally, the medication record from the resident's prior facility did not list any medications used to treat MRSA. Six days after the resident was admitted to the assisted living facility, a lab report documented a positive culture for MRSA. The resident was discharged from the facility the next day. On 8/14/12 at 1:10 PM, the administrator stated the resident did not have a diagnosis of MRSA when admitted. He further stated, after discovering the resident was positive for MRSA, the resident was discharged the next day.

Unsubstantiated.

Allegation #2: Unused medications were stored at the facility longer than 30 days.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.310.02 for not destroying expired and discontinued medications within 30 days. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: An allegation of abuse was not immediately reported to Adult Protection.

FILE COPY

Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.215.07 for failing to immediately report an allegation of abuse to Adult Protection. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: Staff were giving residents pain medications when they are not in pain, which resulted in over-sedation.

Findings #4: On 8/14/12 between 9:13 AM and 1:00 PM, residents were observed at the facility. During this time, no residents were observed to be over-sedated.

Eighteen residents' current Medication Assistance Records (MARs) and pain medication orders were reviewed on 8/14/12. All scheduled pain medications were given as ordered. Additionally, the PRN (as needed) pain medications were documented as being given for pain. The PRN pain medications were not documented as being given routinely.

Two residents' closed records were reviewed. Nursing notes in the records documented medications were reduced when over-sedation was observed.

On 8/14/12 at 10:26 AM, the facility nurse stated if a resident was anxious, the caregivers would try to redirect him or her by taking the resident for a walk, reading them a book or trying other interventions which would reduce their anxiety. She stated if all attempts to redirect the resident were unsuccessful, the caregivers would call her and she would assess as to whether or not a PRN was necessary. If a PRN was warranted, it would by given depending on what PRNs were ordered. If the anxiety was related to a pain issue, then a pain medication would be given. Additionally, the nurse stated if a resident appeared to be over-sedated staff would immediately contact the authorized provider to request a reduction for the medication.

On 8/14/12 between 9:40 AM and 10:19 AM, three caregivers and a housekeeper were interviewed. They stated they had never seen residents being over-sedated.

On 8/14/12 at 10:00 AM, an outside service staff member stated he had not seen residents at the facility appear to be over-sedated.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

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 **08/14/2012**. 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,

FILE COPY

MATTHEW HAUSER
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/mh

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

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

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

FILE COPY

October 1, 2012

Eric Collett, Administrator
Emerson House At River Pointe, Llc
8250 West Marigold
Garden City, ID 83714

License #: Rc-725

Dear Mr. Collett:

On August 14, 2012, a Complaint Investigation survey was conducted at Emerson House At River Pointe, Llc. 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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

MEDICAID L & C – RALF PROGRAM
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Emerson House at River Pointe	8250 West Marigold	208-377-3177
Administrator	**City**	**ZIP Code**
Eric Collett	Boise	83714
Survey Team Leader	**Survey Type**	**Survey Date**
Matt Hauser	Complaint Investigation	8-14-2012

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	215.07	The facility did not immediately report an allegation of abuse to Adult Protection	10/1/12	
2	310.02	The facility did not destroy unused medications with in 30 days.	9/12/12	

Response Required Date	Signature of Facility Representative	Date Signed
9-13-2012	Eric D Collett	8-14-2012