



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

LESLIE M. CLEMENT – DEPUTY DIRECTOR
RANDY MAY – DEPUTY ADMINISTRATOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

August 22, 2011

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

Dear Mr. Collett:

On August 19, 2011, a State Licensure/follow-up and Complaint Investigation survey was conducted at Emerson House At River Pointe, LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

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. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 18, 2011.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

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



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September 22, 2011

Eric Collett, Administrator
Emerson House at River Pointe, LLC
8250 West Marigold
Garden City, ID 83714

License #: RC-725

Dear Mr. Collett:

On August 19, 2011, a licensure/follow-up survey and complaint investigation 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 Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R725	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/19/2011
NAME OF PROVIDER OR SUPPLIER EMERSON HOUSE AT RIVER POINTE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 8250 WEST MARIGOLD BOISE, ID 83714		
(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>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure/follow-up survey and complaint investigation conducted on 8/16/2011 through 8/19/2011 at your facility. The surveyors conducting the survey were:</p> <p>Maureen A. McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Emerson House at River Point	Physical Address 8250 West Marigold	Phone Number 208-377-3177
Administrator Eric Collett	City BOISE	ZIP Code 83714
Survey Team Leader Maureen McCann, RN	Survey Type Licensure/follow-up survey and complaint investigation	Survey Date August 19, 2011

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
1	250.10	The facility water temperature on the west side of the building exceeded 120 degrees F.		
2	260.06	A) There was a persistent urine odor present on the east wing. B) Ceiling air vents in resident bathrooms and in the dining rooms have accumulated dust.		
3	300.01	One of two caregivers did not have documentation of medication delegation.		
4	305.02	A) The facility was using a house supply of an over-the-counter medication. B) Six of seven residents did not have all PRN medications available. ***REPEAT PUNCH***		
5	335.03	Staff were observed to not always wash hands between changing gloves while providing cares to residents, and between residents.		
6	600.06.a	The administrator did not ensure there was sufficient staff to provide cares/supervision as required in each resident's NSA's (i.e., 3 residents were observed requiring more assistance at breakfast, 1 resident required more supervision while ambulating). ***REPEAT PUNCH***		
7	630.02	Seven of seven staff did not have documentation of mental illness training.		
8	640	Three of seven staff did not have documentation of 8 hours of CEU training.		
9	645	One of two staff did not have documentation of medication certification training.		
10	711.13	There was no documented evidence that the facility nurse conducted a nursing assessment following a resident's change of condition (Residents # 1 & 5). ***REPEAT PUNCH***		
11	730.01.f	Two of four staff did not have CPR or 1 st Aid training documentation.		

Response Required Date <i>Amc</i> August 19, 2011 <i>September</i>	Signature of Facility Representative <i>Eric Collett</i>	Date Signed <i>Amc</i> 8/19/11
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IDAHO DEPARTMENT OF

HEALTH & WELFARE Food Establishment Inspection Report

Food Protection Program, Division of Health
450 W. State Street, Boise, Idaho 83720-0036
208-334-5938

Establishment Name <u>Emerson House at River Pointe</u>			Operator <u>Eric Collett</u>		
Address <u>8250 W Marigold</u>			City/State/Zip <u>Boise ID 83714</u>		
County <u>ADA</u>	Estab # <u>0</u>	EHS/SUR.# <u>0</u>	Inspection time:	Travel time:	
Inspection Type:		Risk Category: <u>High</u>	Follow-Up Report: OR	On-Site Follow-Up:	
		Date:	Date:		

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

# of Risk Factor Violations <u>0</u>	# of Retail Practice Violations _____
# of Repeat Violations _____	# of Repeat Violations _____
Score <u>0</u>	Score _____
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
(Y) N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code Employee Health (2-201)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
(Y) N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
(X) N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
(Y) N (N/A)	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
(X) N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
(Y) N (N/O) (N/A)	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
(Y) N (N/A)	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
(Y) N (N/O) (N/A)	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
(Y) N (N/A)	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
(Y) N (N/A)	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
Chicken Pasta / Fridge	36.5	Turkey / Oven	175	Fish / Hot Hold	180		
Meat Sauce / Fridge	71.5	potatoes / Hot Hold	160	Meat Sauce / hot hold	169.1		

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/animal's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44. Ware washing 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) <u>Eric D. Collett</u> (Print) <u>Eric D. Collett</u> Title <u>Admin</u> Date <u>8-19-11</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>
Inspector (Signature) <u>[Signature]</u> (Print) <u>C. [Name]</u> Date <u>8-19-11</u>	



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September 1, 2011

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 16, 2011, to August 19, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005066

Allegation #1: Chemicals were not secured/locked.

Findings #1: Between 8/16/11 and 8/19/11, all chemicals were observed to be secured in a locked cabinet underneath the sinks or in locked closets.

On 8/16/11, between 12:00 PM and 4:00 PM, five staff stated chemicals were always secured in a locked cabinet under the sinks.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #2: The facility did not practice proper infection control methods in regards to handwashing and gloving.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.335.03 for improper handwashing and glove use. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility used "a house supply" of over-the-counter medications.

Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.02

for using a house supply of over-the-counter medications. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: The facility nurse did not provide direction to unlicensed personnel when assisting dementia residents with prn (as needed) medications.

Findings #4: On 8/16/11, between 12:00 PM and 4:00 PM, four medication aides stated the facility policy included calling the nurse before assisting dementia residents with prn medications.

On 8/18/11 at 3:15 PM, the facility nurse stated she was available by phone 24/7. She further stated the medication aides called her before assisting dementia residents with prn medications.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #5: The facility maintained outdated and expired medications in the medication carts beyond 30 days.

Findings #5: On 8/16/11, between 12:00 PM and 4:00 PM, four medication aides stated outdated or expired medications were given to the facility nurse to destroy.

Between 8/16/11 and 8/19/11, seven sampled resident records documented current physician's orders for the resident's medications in the medication cart. Further, none of these medications were outdated or expired.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #6: Residents were left in soiled depends for extended periods of time.

Findings #6: On 8/16/11, between 12:00 PM and 4:00 PM, four caregivers stated most of the residents required assistance with incontinence issues. All four caregivers stated these residents were checked every 2 hours and were assisted with changing their incontinent briefs as needed.

On 8/18/11 at 3:15 PM, the facility nurse stated the facility security camera video had been viewed by administrative staff and caregivers were observed assisting residents to their rooms every 2 hours.

Between 8/16/11 and 8/19/11, caregivers were observed offering toileting

assistance to residents every 2 hours.

Between 8/16/11 and 8/19/11, two family members were interviewed. Both stated they did not have any care concerns regarding their loved ones.

On 8/19/11 at 11:10 AM, a hospice agency nurse stated she did not have any care concerns for residents she had cared for in the facility.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #7: An identified resident was not showered for an extended period.

Findings #7: Each day between 8/16/11 and 8/19/11, the identified resident was observed to be clean, well groomed and without body odor.

On 8/16/11, between 12:00 PM and 4:00 PM, four caregivers stated the identified resident refused showers often, however, they would continue to offer the resident a shower at later time. They further stated they also would reapproach the resident with different caregivers because this often was effective.

Between 8/16/11 and 8/19/11, two family members were interviewed. All stated they did not have any care concerns regarding their loved ones.

On 8/19/11 at 11:10 AM, a hospice agency nurse stated she did not have any care concerns for resident's she had cared for in the facility.

The resident's Negotiated Service Agreement (care plan), dated 2/2/11, was very descriptive and directed caregivers regarding the resident's needs for showering and grooming.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #8: Residents were not assisted with grooming.

Findings #8: Between 8/16/11 and 8/19/11, residents were observed to be clean and well groomed in regards to their hair, nails and mouth care.

On 8/16/11, between 12:00 PM and 4:00 PM, four caregivers stated there were currently very few residents that refused grooming care, but if a resident did

refuse, they would reapproach the resident at another time or by another

caregiver.

Between 8/16/11 and 8/19/11, two family members were interviewed. All stated they did not have any care concerns regarding their loved ones.

On 8/19/11 at 11:10 AM, a hospice agency nurse stated she did not have any care concerns for resident's she had cared for in the facility.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #9: The facility staff did not report an incident to the administrator per facility policy.

Findings #9: Substantiated. However, the facility was not cited as the facility responded appropriately by inservicing staff on reporting incidents to the administrator. Further, the caregiver who choose not to follow the facility policy, no longer worked at the facility.

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,



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