



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: 208-364-1962  
FAX: 208-364-1888

October 27, 2014

Kandi Bourdeau, Administrator  
Emeritus at Ridge Wind  
4080 Hawthorne Road  
Chubbuck, Idaho 83202

Provider ID: RC-772

Ms. Bourdeau:

On September 25, 2014, a state licensure/follow-up survey and complaint investigation were conducted at Emeritus Corporation - Emeritus at Ridge Wind. 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.

Your submitted plan of correction and evidence of resolution are being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Rae Jean McPhillips, RN, BSN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

RAE JEAN MCPHILLIPS, RN, BSN  
Team Leader  
Health Facility Surveyor

RM/sc

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



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October 8, 2014

**CERTIFIED MAIL #: 7007 3020 0001 4050 8623**

Amber Moore  
Emeritus at Ridge Wind  
4080 Hawthorne Road  
Chubbuck, Idaho 83202

Provider ID: RC-772

Ms. Moore:

Based on the state licensure/follow-up survey and complaint investigation conducted by Department staff at Emeritus Corporation - Emeritus at Ridge Wind between September 22, 2014 and September 25, 2014, it has been determined that the facility failed to protect residents from inadequate care.

This core issue deficiency substantially limits the capacity of Emeritus Corporation - Emeritus at Ridge Wind to furnish services of an adequate level or quality to ensure that residents' health and safety are protected. 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 **November 9, 2014**. **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)?
- ◆ By what date will the corrective action(s) be completed?

Return the **signed** and **dated** Plan of Correction to us by **October 21, 2014**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Amber Moore  
October 8, 2014  
Page 2 of 2

Pursuant to IDAPA 16.03.22.003.02, you have available the opportunity to question the core issue deficiency 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 Assisted Living Facility Program for an IDR meeting. The request for the meeting must be in writing and must be made within ten (10) business days of receipt of the Statement of Deficiencies. The facility's request must include sufficient information for Licensing and Certification to determine the basis for the provider's appeal, including reference to the specific deficiency to be reconsidered and the basis for the reconsideration request. If your request for informal dispute resolution is received more than ten (10) days after you receive the Statement of Deficiencies, your request will not be granted. Your IDR request must be made in accordance with the Informal Dispute Resolution Process. The IDR request form and the process for submitting a complete request can be found at [www.assistedliving.dhw.idaho.gov](http://www.assistedliving.dhw.idaho.gov) under the heading of Forms and Information.

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. Your evidence of resolution (e.g., receipts, pictures, policy updates, etc.) for each of the non-core issue deficiencies is to be submitted to this office by **October 25, 2014**.

Four (4) of the twenty-four (24) non-core deficiencies cited were identified as repeat punches. Please be aware, any non-core deficiency which is identified on three consecutive surveys will result in a civil monetary penalty.

If, at the follow-up survey, the core deficiency still exists or a new core deficiency is identified, or if any of the repeat non-core punches are identified as still out of compliance, the Department will have no alternative but to initiate an enforcement action against the license held by Emeritus Corporation - Emeritus at Ridge Wind.

Enforcement actions may include:

- imposition of civil monetary penalties;
- issuance of a provisional license;
- limitation or ban on admission to the facility;
- requirement that the facility hire a consultant who submits periodic reports to Licensing and Certification.

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 364-1962 and ask for the Residential Assisted Living Facility program. 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

JS/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R772	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/25/2014
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NAME OF PROVIDER OR SUPPLIER  EMERITUS AT RIDGE WIND	STREET ADDRESS, CITY, STATE, ZIP CODE 4080 HAWTHORNE ROAD CHUBBUCK, ID 83202
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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	<p><b>Initial Comments</b></p> <p>The following deficiency was cited during the licensure, follow-up and complaint investigation survey conducted from September 22, 2014 through September 25, 2014 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Rae Jean McPhillips, RN, BSN Team Coordinator Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p> <p>Definitions used in this report include:</p> <p>ADLs = Activities of Daily Living AL = Assisted Living ALF = Assisted Living Facility BR = Bathroom cm = Centimeter c/o = complaint of Fx = Fracture L1 = Lumbar Vertebrae #1 LPN = Licensed Practical Nurse MAR = Medication Assistance Record MCU = Memory Care Unit med = medication NSA = Negotiated Service Agreement PSR = Psychosocial Rehabilitation RN = Registered Nurse</p>	R 000	<p><b>Emeritus at Ridge Wind State Survey Plan of Correction</b></p> <p>The following is Emeritus at Ridge Wind's Plan of Correction for the Department of Health and Welfare of Deficiencies dated September 25, 2014 and received at the Community via certified mail on October 11, 2014. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions outlined in this 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 finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigation factors.</p>	
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Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Amber Moore Administrator*

TITLE

*LPN, Administrator*

(X6) DATE

*10/21/2014*

Bureau of Facility Standards

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R 000	Continued From page 1  TED = Thrombo-Embollic Deterrent Hose temp = temporary TV = television UAI = Uniform Assessment Instrument	R 000		
R 008	16.03.22.520 Protect Residents from Inadequate Care.  The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.  This Rule is not met as evidenced by: Based on observations, record review and interview, the facility failed to protect 100% of the memory care unit's residents right to live in a humane and sanitary living environment and to be treated with dignity and respect. The facility also failed to ensure residents were compatible when they admitted Resident #9 to the memory unit.  IDAPA 16.03.22.011, defines inadequate care as when a facility violates residents' rights or admits residents that have emotional or social needs that are not compatible with the other residents.  IDAPA 16.03.22.550.03, documents residents have the right to humane care, a humane and sanitary living environment and the right to be treated with dignity and respect.  I. RESIDENT RIGHTS  On 9/22/14 at approximately 3:45 PM, a tour of the facility's MCU was conducted. At the time of the tour the MCU had 13 residents. an additional resident was brought into the unit at meal times because he "needed assistance" with eating.	R 008		

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R 008	<p>Continued From page 2</p> <p>Four residents were in wheelchairs, the other 9 residents were ambulatory.</p> <p>The MCU was a rectangular shape with a common area in the center. The common area was used as the dining room, living room and recreational area. The square footage of the combined usage common area, was approximately 589 square feet. There was one corridor leading into the MCU from the AL side, and another corridor that led outside to a fenced secured yard.</p> <p>Two love seats and a couch were place against different walls. The "dining" furniture consisted of 3 small square tables, 1 small round table and 7 vinyl covered metal chairs. All 7 chairs were observed to have tears/holes in the vinyl. some of the dining tables were observed to have the finish worn off.</p> <p>When not in use for meals, the 3 square tables, and the 7 chairs were stored in the exit corridor that led to the secured yard. The round table was pushed against the wall by the television. This left only 7 spaces on the couches for the 13 residents to sit on between meals.</p> <p>There was no available for caregivers to wash their hands other than in the residents' private bathrooms.</p> <p>During the tour of the MCU on 9/22/14, observations were:</p> <p>*Resident #11's room smelled of feces. There was no toilet paper and there was a streak of feces on a dresser.</p> <p>*The toilet paper holder in Resident #15's room</p>	R 008	<p><u>16.03.22.520 Protect Residents from Inadequate Care</u></p> <p><b>1. Resident Rights</b></p> <p><b>I. Corrective Actions</b></p> <p>New furniture has been ordered for the MCU. The furniture includes two dining room tables and chairs, each accommodating eight people. These tables will remain in the common area.</p> <p>A new couch and lounge chairs have also been ordered to provide a safe and comfortable living environment for the residents in the MCU. This Furniture was ordered on 10-17-14 and takes 8-10 weeks to arrive.</p> <p>A hand washing sink has been installed in the common area for the caregivers to wash their hands. An Infection Control in service was Completed on 10-7-14.</p>	
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R 008	<p>Continued From page 3</p> <p>was broken. There was feces on the wall by the bathroom light switch.</p> <p>*Resident #8's toilet had feces and urine in it. Toilet paper was stuffed into cracks behind the toilet along the side of the bathroom sink cabinet. The toilet paper was sitting on the cabinet and not on the holder.</p> <p>*Resident #14's room had a broken dresser. In the bathroom, the toilet riser, transfer bar, sink countertop and floor had feces smeared on them. there was also a wet area on the bathroom floor next to the smeared feces. There were no paper towels in the room.</p> <p>*Resident #7's room had feces smeared on the toilet riser, walls, and bathroom cabinet. A large television was sitting on the floor with a sign taped to it that said, "do not use." Also, Resident #7's mattress was not covered with a sheet and the mattress was stained.</p> <p>On 9/22/14, during the supper meal, between 4:45 PM and 5:30 PM, the following was observed:</p> <p>*Resident #8 was sitting on a couch by herself with her meal on a TV tray, while all the other residents were seated at the tables.</p> <p>*Resident #7, who had significant tremors, was observed with an empty cup, repeatedly banging the empty cup against his nose. After approximately 5 minuets, a caregiver took the empty cup, filled it back up, and gave it to the Resident #7. The resident immediately drank the contents and continued to bang the cup against his nose. When the cup was finally removed, the resident had a dime-sized reddened area on the</p>	R 008	<p>A deep clean of the MCU was completed on 9/26/14. This included a deep clean of resident rooms, resident bathrooms, and common areas.</p> <p>All broken furniture has been removed and replaced.</p> <p>Plan for Resident #7 is to discharge to A SNF. On 10-20-14 Community was Informed that the Health and Welfare needs to complete a face to face for the PASSR, the state rep will be on site for the PASSR screen 10-23-14 at the latest. We anticipate no reasons why resident wouldn't be discharged to a SNF. If for Some reason this does not occur, the Community will assist with placement to more suitable Assisted Living.</p> <p>Resident #7's mattress has been replaced.</p> <p>Resident #8 no longer resides in the community and was admitted to Portneuf Medical Center on 10-1-14 and then admitted to A snf on 10-6-14.</p> <p>MCU staff is keeping Resident #7's Cup full of liquid , which leads to him not bumping face with empty cup.</p>	
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R 008	<p>Continued From page 4</p> <p>bridge of his nose.</p> <p>*A caregiver came through the door to the MCU with an angry, frustrated look on her face. She walked up to Resident #5 and reset his call pendent bulton that was hanging around his neck. The caregiver was asked by another caregiver if Resident #5 had pushed his button. The caregiver responded, "Yes freak." and abruptly walked out of the memory unit.</p> <p>*A caregiver was standing over Resident #2 as she assisted the resident with eating. The caregiver stated, "No, no, no, no!" to Resident #2, as the resident attempted to grab her food with her hands. Then the caregiver said to her in a chastising tone, "We don't use our hands to eat." She further told the resident to "be good."</p> <p>On 9/23/14 from *8:45 AM until 5:00 PM, observations were as follows:</p> <p>*A room had feces in the toilet and splattered up the sides of the toilet riser.</p> <p>*A room had feces on the wall in the bathroom.</p> <p>*A room had feces smeared on the toilet seat.</p> <p>*Caregivers cleaned feces in a resident's bathroom, assisted residents to change out of soiled clothing and assisted residents with ealling without washing their hands between tasks.</p> <p>*Styrofoam disposable cups were used during lunch. A caregiver stated the other glasses did not get washed.</p> <p>*Resident #12 was unkempt with stringy hair and facial whiskers.</p>	R 008	<p>The caregiving staff has been in serviced on Guidelines for Appropriate Conduct as outlined in our Employee Handbook.</p> <p>On 10-8-14, the MCU caregivers completed a training titled, "Join Their Journey". This is an eight- hour training specifically designed for helping care givers understand and best serve dementia and cognitively impaired residents.</p> <p>The MCU has a revamped Daily and Weekly cleaning Schedule.</p> <p>Styrofoam cups have been Removed from the MCU. More cups Have been ordered for meal service And paper cups are now being used for passing medications.</p>	
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R 008	<p>Continued From page 6</p> <p>assistance.</p> <p>On 9/21/14, from 8:45 AM until 5:00 PM, observations were as follows:</p> <p>*Resident #7's hair was messy and his tan pants were soiled.</p> <p>*Resident #13's hair was greasy and the resident was unshaven.</p> <p>*Resident #7 was coughing and choking on his food. A caregiver told him to "slow down." The caregiver approached the resident and removed the fork from his hand. She told Resident #7 she was taking him to his room to "clean" him up. The caregiver took the resident to his room and less than a minute later, the caregiver came back into the dining area. Within a couple of minutes, Resident #7 came out of his room with his shirt unbuttoned. The resident approached a surveyor and said, "Too many buttons." The resident indicated he needed assistance with buttoning his shirt. Resident #7 was observed to have dried food on his chest, neck and in his facial hairs. Another caregiver, came out of a resident's room and said to Resident #7, "Let's go freshen up a little more."</p> <p>*Resident #12 was observed to be wearing a "band" on his ankle. A caregiver stated she did not know why he was wearing it and that he had been wearing it since he had been admitted to the facility on 8/18/14. The resident had been wearing the band for 37 days and no staff questioned what the band was for, or if it could be removed.</p> <p>On 9/22/14 at 5:05 PM, a caregiver in the MCU stated she had not had time to clean the</p>	R 008	<p>Plan for Resident #7 is to discharge to A SNF. On 10-20-14 Community was informed that the Health and Welfare needs to complete a face to face for the PASSR, the state rep will be on site for the PASSR screen 10-23-14 at the latest. We anticipate no reasons why resident wouldn't be discharged to a SNF. If for some reason this does not occur, the Community will assist with placement to more suitable Assisted Living.</p> <p>On 10-8-14, the MCU caregiver completed a training titled, "Join Their Journey".</p> <p>This is an eight- hour training specifically designed for helping care givers understand and best serve dementia and cognitively impaired residents.</p> <p>The band has been removed From resident # 12's ankle.</p> <p>The MCU has a revamped Daily and Weekly cleaning Schedule.</p>	
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R 008	<p>Continued From page 5</p> <p>*Resident #7 had a dime-sized reddened abrasion on the bridge of his nose.</p> <p>*Resident #13 was unshaven and had on a dirty shirt with a torn undershirt.</p> <p>*Resident #1 was sleeping in a recliner chair in her room. Her dentures and her breakfast were sitting on a tray in front of her. No staff were in the room. Fifteen minutes later, a staff picked up Resident #1's breakfast tray and stated that Resident #1 had not eaten any of it.</p> <p>*Two female residents were sitting at a table in their wheelchairs and Resident #8 was sitting on the couch behind them. Resident #8 had only a few inches between her legs and the wheelchair in front of her. Resident #8 was observed with an annoyed look on her face, kicking at the wheelchair trying to move it away from her legs. Staff were present, but did not intervene.</p> <p>*Resident #4 was sitting on a couch, and had an odor emanating from his body.</p> <p>*A caregiver wheeled Resident #9 into the MCU and told the MCU caregiver, "Miss [Resident #9's name] would like a smoke." The caregiver left Resident #9 in the MCU and the MCU caregiver got a cigarette and a lighter and wheeled the resident outside. The MCU caregiver propped the door open and assisted Resident #9 with lighting her cigarette. The smoke drifted into the facility.</p> <p>*Resident #14, who smelled of feces, got up from the couch. The caregiver stated, he was "very" independent, but at the "same time, makes a mess too." The caregiver did not follow the resident to his room, to see if he required</p>	R 008	<p>MCU staff will be in serviced on ADL task sheets and Daily Assignment sheets.</p> <p>An in service on understanding Residents' Rights was completed on 10/17/14. A second in service on Residents' Rights Has been schedule to be provided by the Local Ombudsman on 11-3-14.</p> <p>Resident #8 no longer resides in the community and was admitted to Portneuf Medical Center on 10-1-14 and then admitted to A snf on 10-6-14.</p>	
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NAME OF PROVIDER OR SUPPLIER  
**EMERITUS AT RIDGE WIND**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**4080 HAWTHORNE ROAD  
CHUBBUCK, ID 83202**

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R 008	Continued From page 7 residents' rooms that were observed to have feces smeared and tracked throughout the rooms.	R 008	The activities calendar is Posted in the common area. <del>Activities are consistently being</del> carried out consistent with the schedule.	
	<p>On 9/24/14 at 9:30 AM, a MCU caregiver stated staff could not "keep up" with the cleaning.</p> <p>On 9/24/14 at 10:24 AM, a family member stated at one time he felt the care was "excellent." He stated lately, the care had been "falling off" and the resident was often found "rumped." Further, he stated the facility "use to have activities" in the MCU, but they "don't anymore, other than TV."</p> <p>On 9/24/14 at 3:12 PM, a PSR worker stated there had been concerns with Resident #7's appearance as his "clothes were stained."</p> <p>The facility failed to provide the memory care unit's residents a humane, dignified, and sanitary living environment.</p> <p><b>II. COMPATIBILITY</b></p> <p>Resident #9's record documented she was a 79 year old female, who was discharged from the AL side, to the hospital on 9/5/14. The resident was re-admitted to the facility's MCU on 9/17/14 with a diagnosis of a compression fracture to her lower back.</p> <p>On 9/22/14 at approximately 4:00 PM, the administrator completed a facility roster, which included 77 residents that resided in the AL side, and 12 residents that resided in the MCU, for a total of 89 residents. Resident #9 was not included on the completed roster.</p> <p>According to the facility's admission and discharge register, Resident #9 was discharged</p>		<p><b>II. Identifying other residents potentially affected by the citations</b></p> <p>Administrator and/or Licensed Nurse will tour through MCU daily. Administrator and/or Nurse will meet with MCU staff consistently to identify any issues or concerns with MCU. Review of charts will be completed for all residents in MCU.</p> <p><b>III. Systematic Changes</b></p> <p>Identified problems with broken or worn furniture are to be immediately reported by the MCU staff to the Administrator and/or Maintenance Director.</p> <p>A Housekeeping Checklist has been implemented for Daily and weekly cleaning of the MCU.</p> <p>The Infection control in service discussed above is included as part of the onboarding training with newly hired staff.</p> <p>Join Their Journey training is now being provided for all new hires working in the MCU.</p> <p>Resident Rights will continue to be a part of new hire Training and ongoing in services.</p>	<p><i>Ann</i> 10/22/14</p>

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NAME OF PROVIDER OR SUPPLIER  EMERITUS AT RIDGE WIND	STREET ADDRESS, CITY, STATE, ZIP CODE 4080 HAWTHORNE ROAD CHUBBUCK, ID 83202
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R 008	<p>Continued From page 8</p> <p>to the hospital on 9/5/14. However, the resident was not added to the admission register upon re-admission.</p> <p>During the tour of the facility, Resident #9's name was not observed to be posted on the outside of any room located within the MCU.</p> <p>On 9/3/14 at 9:15 AM, a caregiver brought Resident #9 to the unit so she could smoke in the secured courtyard.</p> <p>On 9/23/14 at 9:22 AM, the administrator was asked why Resident #9 came to the MCU to smoke. The administrator responded, "I don't know, good question." At the same time, a MCU caregiver stated Resident #9 went to the AL side for meals, but lived back here.</p> <p>On 9/23/14 at 11:00 AM, Resident #9 stated she was upset because she did not like being in the MCU with the "crazy people."</p> <p>On 9/23/14 at 11:20 AM, a caregiver stated Resident #9 told staff she did not want to eat with the "quacks" in MCU. The caregiver stated, the resident did not have a diagnosis of dementia. She stated the resident was admitted to the unit for increased supervision and care needs related to her compression fracture.</p> <p>On 9/24/14 at 9:13 AM, Resident #9 stated she was told upon re-admission to the facility, the reason she was placed in the MCU, was so she would receive additional assistance with her care needs and supervision to prevent her from falling. She stated, "I don't like being in that place, and I'm not getting the help I need."</p> <p>The facility failed to ensure residents were</p>	R 008	<p>Administrator and/or Resident Care Director will review the monthly activities calendar for the MCU to ensure it is complete and appropriate.</p> <p><b>IV. Monitoring</b></p> <p>The Administrator and/or Licensed Nurse will frequently review the MCU for adequate housekeeping.</p> <p>The Administrator and/or Nurse will frequently review the Negotiated Service agreements to ensure accurate ADL task sheets.</p> <p>The Administrator and/or Resident Care Director will frequently monitor the activities in the MCU to ensure they are being consistently completed.</p> <p>The Administrator and Resident Care Director will be sufficiently present in the Community to ensure that the MCU residents have a humane, dignified, and sanitary living environment.</p> <p><b>V. Date of Completion</b></p> <p>The Plan of Correction will be fully Completed on or before November 9, 2014.</p>	
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R 008	Continued From page 9  compatible when Resident #9, who was cognitively intact, was admitted to a memory care unit.  The facility failed to protect 100% of the memory care unit's residents' right to live in a humane and sanitary living environment and to be treated with dignity and respect. The facility also failed to ensure Resident #9 was compatible with the residents in the memory care unit. These failures resulted in inadequate care.	R 008	<b>2. Compatibility</b>  <b>I. Corrective Action</b>  Resident #9 no longer resides in the Community. He has been admitted to A snf.  <b>II. Identifying other residents potentially similarly affected by the citations</b>  Recent resident admissions and Readmissions to the community have been reviewed by the administrator and Resident Care Director to identify any residents That are not compatible with the Community. Additionally, reviews of the existing resident's Negotiated Service Agreements and Behavior Management Plans have been completed to ensure that residents are only being retained at the community who s service and behavioral needs can be met.
R 009	16.03.22.625 Protect Residents from Neglect.  The administrator must assure that policies and procedures are implemented to assure that all residents are free from neglect.  This Rule is not met as evidenced by: Based on observations, interviews and record reviews it was determined the facility failed to protect residents (#1, #2, #7 and #9) from neglect when they did not provide appropriate medical care.  IDAPA 16.03.22.011.24 defines neglect as the failure to provide...medical care necessary to sustain the life and health of a resident.  The facility's "Abuse Prevention, Identification & Reporting" policy, revised on 6/20/14, defines neglect as "...a pattern of conduct or inaction of a care provider that fails to provide goods or services that maintain physical or mental health or that fails to avoid or prevent physical or mental harm or pain, or an act of omission that constitutes a clear and present danger to health, welfare of safety of a resident."	R 009	<b>III. Systematic Change</b>  Prior to residents being admitted Or retained in the community, the RCD Or Administrator will review the pre Move in assessments and Negotiated Service Agreements and/or Behavior Management Plans, as available, to identify residents That are not compatible with the Other residents in the facility.

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R 009	<p>Continued From page 10</p> <p>All residents identified in the report resided in the Memory Care Unit.</p> <p><b>I. CHANGES OF CONDITION</b></p> <p>According to her record, Resident #1 was an 84 year old female, who was admitted to the facility on 1/13/11, with diagnoses that included dementia.</p> <p>"Daily Observation and Monitoring Worksheet," completed by the caregivers, documented the following for Resident #1:</p> <ul style="list-style-type: none"> <li>* 9/10/14 - "...has problem breathing and talking..."</li> <li>* 9/11/14 - "...has problem breathing and talking..."</li> <li>* 9/12/14 - "...still not doing good, still problem with talking and her breathing..."</li> <li>* 9/13/14 - "Really sleepy, not feeling the best. C/O sore throat and aches all shift, Tylenol given, to bed at 9:45 PM, legs are huge."</li> <li>* 9/14/14 - "...is leaning a lot more to the right."</li> <li>* 9/16/14 - "Not feeling good, push fluids...very noisy coughing, throat gets dry. Breathing don't sound good and coughing more."</li> <li>* 9/17/14 - "Very hard to transfer. Coughing and complaining of difficult breathing."</li> <li>* 9/18/14 - "Fever." She refused to eat.</li> <li>* 9/19/14 - "Still fever [sic]. Open area on tail bone."</li> <li>* 9/21/14 - "Very weak..."</li> </ul> <p>A nursing assessment, dated 9/19/14, documented Resident #1 had diminished breath sounds in her right lower lung. The assessment was completed 9 days after Resident #1 first complained of difficulty breathing.</p>	R 009	<p><b>IV. Monitoring</b></p> <p>The administrator and/ or Resident Care Director will regularly review the Negotiated Service Agreements And Behavior Management Plans To determine whether residents remain compatible with others already living in the facility.</p> <p><b>V. Date of Completion</b></p> <p>The Plan of Correction will be completed On or before November 9, 2014.</p> <p><b>3. Changes of Condition</b></p> <p><b>I. Corrective Action</b></p> <p>Resident Care Director and Licensed Nurse Have completed a Change of Condition assessment for Resident #1. This resident's Negotiated Service Agreement has been updated to reflect any identified changes.</p> <p>Resident #1 was admitted to hospice on 9/24/14.</p>	
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R 009	<p>Continued From page 11</p> <p>The nursing "Service Notes" contained no documentation from 10/22/13 until 9/19/14 (approximately one year).</p> <p>There was no further documentation found in Resident #1's record that the facility nurse had addressed any of the changes of condition such as "problem breathing," fever, increased weakness, and foot swelling.</p> <p>On 9/23/14 at 9:00 AM, Resident #1 was observed sleeping in a recliner chair in her room. Her dentures and her untouched breakfast were sitting on a tray in front of her. A fly was observed to crawl across her food.</p> <p>On 9/24/14 at 3:40 PM, Resident #1 was observed attempting to get out of bed. The resident was heard to have audible wheezing as she tried to get up.</p> <p>During the survey, on 9/24/14, Resident #1 was admitted to hospice services.</p> <p>On 9/23/14 at 10:35 AM, the facility nurses stated they were not aware Resident #1 was having breathing difficulties, had a fever, was coughing and had increased weakness. They stated, they had not seen or reviewed the "Daily Observation and Monitoring Worksheets," completed by the caregivers regarding the residents changes of condition.</p> <p>On 9/23/14 at 10:40 AM, the administrator stated the information from the "Daily Observation and Monitoring Worksheets" was not being communicated to or shared with the facility nurses.</p>	R 009	<p>A daily meeting has been established with the Administrator, facility Nurse, and Caregiving staff to review and discuss residents Experiencing potential changes of conditions.</p> <p>Facility has hired a full time Resident Care Director/Facility RN.</p> <p>Administrator and/or Resident Care Director Meet regularly with care Staff to discuss alert charting and any resident changes of conditions. As appropriate, resident service plans are immediately updated.</p> <p>1. Identifying other residents who may be affected by the citations.</p> <p>Administrator and/or Resident Care Director regularly Review and update residents Negotiated Service Agreements to ensure they remain current. Administrator and/or Resident Care Director are meeting regularly with the Care staff to identify any Resident changes and updating related documentation and Negotiated Service plans, as needed.</p>

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R 009	<p>Continued From page 12</p> <p>On 9/24/14 at 11:40 AM, the administrator stated she could not find any documentation that the facility nurses had addressed or assessed Resident #1's changes in condition.</p> <p>The facility did not assess Resident #1's changes of condition until 9 days after she showed signs and symptoms of respiratory distress.</p> <p><b>II. PAIN MANAGEMENT</b></p> <p>Resident #9's record, documented she was a 79 year old female, who was discharged from the AL side of the facility, to the hospital on 9/5/14. The resident was re-admitted to the facility's MCU on 9/17/14, with diagnoses of a compression fracture to her lower back.</p> <p>An "Initial Pain Evaluation Tool," dated 9/17/14, documented Resident #9 stated she had "present pain at a level 8" on a pain scale, 10 being severe pain. The nurse documented, the resident said she had pain "all the time" and that taking her "pain medications and laying down, helped relieve her pain." The nurse documented, Resident #9 stated she could tolerate a pain level of 4, on the pain scale.</p> <p>A temporary care plan, dated 9/17/14, did not include instructions on how to manage Resident #9's pain.</p> <p>On 9/19/14, the LPN documented, the resident had complained of pain in her back and hip area and was taking "Norco" every 4 hours to relieve the pain.</p> <p>A "Daily Observations and Monitoring Worksheet," dated 9/22/14, documented the resident was "Very hard to transfer won't help us</p>	R 009	<p><b>III. Systematic Changes</b></p> <p>Alert Charting has been implemented and an in service has been provided to the staff related to this system. Staff have been instructed to alert Resident Care Director and/ Or Administrator regarding any concerns or potential changes affecting the Residents. Regular meetings are being held with Administrator, Resident Care Director, and Staff to discuss the residents and update their Negotiated Service Plans.</p> <p><b>IV. Monitoring</b></p> <p>Administrator and/ or Resident Care Director will consistently monitor The alert charting and, correspondingly, follow up on any concerns. The Administrator and/ or nurse Will consistently audit the alert charting logs to Ensure that identified Concerns and/ or changes have Been followed up on.</p> <p><b>V. Date of Completion</b></p> <p>This Plan of Correction will be Completed on or before November 9, 2014</p>	

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R 009 Continued From page 13

out. Having lots of back pain. Not very cooperative"

On 9/24/14 at 9:00 AM, Resident #9 was observed eating her breakfast in the main dining room. She stated, "The pain in my back is horrible. Right now I would rate my pain high on a pain scale." She stated, "It hurts all the time! When I ask the med aides for my pain pill, they tell me, it's too early, or you just took a pain pill, so I don't get my pain medication when I request it." She stated, "I just tough it out."

On 9/24/14 at 9:09 AM, the LPN stated, she was not aware Resident #9 was not receiving her pain medication when she requested them. The LPN stated the resident could have her pain medication every 4 hours.

On 9/24/14 at 9:15 AM, Resident #9 was informed by the LPN she could have her pain medication every 4 hours when requested. Resident #9 responded, "That is bull crap! I have asked them for my pain medication and they tell me, you just took one!" She stated, "It's just another excuse and I'm tired of getting the run around."

On 9/24/14 at 9:35 AM, the medication aide, in the memory care unit, stated "[Resident #9's name] hasn't had a Norco this morning, I'm getting her one now."

On 9/24/14 at 10:00 AM, a caregiver stated, Resident #9 "never refuses her pain medication."

On 9/24/14 at 10:30 AM, the administrator stated, "I was busy helping at Highland (another Emeritus property)" and was not aware Resident #9 did not get her pain medication when she

R 009

**4. Pain Management**

**I. Corrective Action**  
Resident #9 no longer resides in Community And was admitted to a snf. The Med Techs received additional training on the six rights of medication administration with the Resident Care Director and will be re-delegated. On 10-14-14.

**II. Identifying other residents who may be similarly affected by the citation.**

The Administrator and/ or Resident Care Director will do a MAR audit to review routine and PRN pain medications and parameters to ensure that residents are receiving the medication that they need in a timely manner.

**II. Systematic Changes**

The Licensed nurses have been reinstructed that they are to seek clarification of any medication orders that are unclear or incongruent with current orders from other providers.

The Resident Care Director and Administrator Will consistently meet with the care staff to address any concerns or potential changes with residents related to their pain management.

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R 009	<p>Continued From page 14 requested it.</p> <p>On 9/24/14 at 10:40 AM, the home health RN stated, "I came in this morning, before breakfast and [Resident #9's name] was complaining of back pain, so I checked with the medication aide in the memory unit and was told the resident had not received her morning dose of Norco." The RN stated, "I educated the medication aides and instructed all med aides that they were to give the resident her Norco when she requested it. She stated if it was before the 4 hour time limit, they could offer her a Tylenol. The RN stated, "It makes me feel bad for the resident to think she wasn't getting her pain medication when she requested it."</p> <p>Resident #9's physician's order, dated 9/17/14, documented she could have Norco every 4 hours as needed. From 9/17/14 until the morning of 9/24/14, the resident only received 15 doses, but could possibly have received 43 doses of Norco for pain.</p> <p>The facility did not ensure Resident #9's pain was managed when they failed to address her complaints of pain for 7 days.</p> <p><b>III. TREATMENTS</b></p> <p>According to his record, Resident #7, was a 63 year old male, admitted to the facility on 3/30/12 with diagnoses including insulin dependent diabetes, Parkinson's disease and schizophrenia.</p> <p>a. TED Hose</p> <p>A "Healthcare Provider Communication Form," dated 8/20/14 documented the resident could not afford TED hose. It further documented, the</p>	R 009	<p>The Med Techs will complete an in service training addressing the importance of med pass accuracy, the six rights of medication administration, and correct documentation before working as a Community Med Tech.</p> <p><b>IV. Monitoring</b></p> <p>The Resident Care Director and Administrator will regularly conduct MAR audits to ensure that pain medication is being correctly provided, consistent with provider's orders. Potential changes to resident's pain management orders (to ensure effective pain management) will be communicated to the RN for addressing with the providers.</p> <p><b>V. Date of Completion</b></p> <p>This Plan of Correction will be completed On or before November 9, 2014</p> <p><b>5. Treatments</b></p> <p><b>I. Corrective Action</b></p> <p>Plan for Resident #7 is to discharge to A SNF. On 10-20-14 Community was informed that the Health and Welfare needs to complete a face to face for the PASSR, the state rep will be on site for the PASSR screen 10-23-14 at the latest. We anticipate no reasons why resident wouldn't be discharged to a SNF. If for</p>	
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R 009	<p>Continued From page 15</p> <p>physician wrote a prescription for the TED hose and the resident was to wear the TED hose daily and remove them at night.</p> <p>A "Skin Integrity Monitoring" form, dated 9/2/14, documented the resident had redness on his lower legs.</p> <p>A "Healthcare Provider Communication Form," dated 9/5/14, documented Resident #7 was to wear TED hose from 8:00 AM to 8:00 PM daily.</p> <p>An August 2014 MAR, documented the resident was to wear TED hose on every day and they were to be removed at night. There was no documentation anyone assisted the resident with the TED hose for the entire month of August.</p> <p>A September 2014 MAR, documented the resident was to wear TED hose every day and they were to be removed at night. There was no documentation anyone assisted the resident with the TED hose from 9/1/14 to 9/23/14.</p> <p>On 9/24/14 at 9:15 AM, Resident #7 was observed sitting on the couch. The administrator pulled up his pant legs and the resident did not have TED hose on. When asked the administrator stated the staff "probably forgot, he just got out of the shower."</p> <p>On 9/24/14 at 9:20 AM, a caregiver stated Resident #7 did not have a shower this morning. When asked if the resident wore TED hose, the caregiver responded, "Not that I'm aware of."</p> <p>On 9/24/14 at 12:20 PM, a caregiver stated Resident #7 "never wears" TED hose. She stated the resident did not have any.</p>	R 009	<p>Resident #7's ted hose have been discontinued with no adverse reactions.</p> <p><b>III. Identifying other residents who might be similarly affected by the citation</b></p> <p>The Resident Care Director and/or Administrator will audit all other residents With MD orders for Ted Hose to ensure appropriate orders and that the residents are Consistently wearing them.</p> <p><b>III. Systematic Change</b></p> <p>When the Resident Care Director receives An order from a PCP for Ted Hose, The Resident Care Director will ensure that The resident has the Ted Hose and will Inform staff of the PCP order.</p> <p>Staff will immediately report to Resident Care Director or Administrator If a resident that has a Physician's order For Ted Hose does not have any or if They have been misplaced.</p> <p><b>IV. Monitoring</b></p> <p>The Administrator and/ or Resident Care Director will regularly monitor Those residents that have PCP orders For Ted Hose to ensure that they are Wearing them.</p>	
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R 009	<p>Continued From page 16</p> <p>On 9/24/14 at 3:20 PM, Resident #7's PSR worker, stated the resident had TED hose when in the main AL side. He stated he had looked in the resident's dresser drawers and could not find them. He stated, "I haven't seen them on." He stated he was not sure if the TED hose were being used for someone else, or if they were "misplaced."</p> <p>On 9/24/15 at 3:25 PM, a caregiver stated he was not aware Resident #7 wore TED hose.</p> <p>The facility failed to ensure Resident #7 wore TED hose as ordered by his physician.</p> <p>b. Weighted Utensils</p> <p>A UAI, dated 2/27/14, documented the resident required weighted eating utensils due to tremors.</p> <p>An NSA, dated 8/21/14, documented the resident required "special silverware during meals."</p> <p>A "Diet Option Communication" form, dated 4/2/12, documented Resident #7 required weighted silverware related to his tremors.</p> <p>From 9/22/14 through 9/25/14, Resident #7 was observed during various meal times. At no time during the observations was Resident #7 observed using weighted utensils.</p> <p>On 9/24/14 at 12:43 PM, a caregiver stated she did not know Resident #7 had weighted utensils. She stated the resident choked at lunch by putting the fork handle into his mouth.</p> <p>On 9/24/14 at 3:20 PM, Resident #7's PSR worker, stated the resident's family bought him the weighted utensils. The PSR worker, stated he</p>	R 009	<p>Administrator and/or Resident Care Director will consistently meet with Staff to ensure residents have Ted Hose and are wearing them. With residents who are resistant to wearing Ted Hose, alternate plans will be discussed with the care providers for addressing the resident's needs.</p> <p>V. Date of Completion</p> <p>This Plan of Correction will be Completed on or before November 9, 2014</p> <p>6. Weighted Utensils</p> <p>I. Corrective Action</p> <p>Plan for Resident #7 is to discharge to A SNF. On 10-20-14 Community was Informed that the Health and Welfare needs to complete a face to face for the PASSR, the state rep will be on site for the PASSR screen 10-23-14 at the latest. We anticipate no reasons why resident wouldn't be discharged to a SNF. If for Some reason this does not occur, the Community will assist with placement to more suitable Assisted Living.</p> <p>Resident #7 has and consistently uses Weighted utensils at meal time.</p>	
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Bureau of Facility Standards

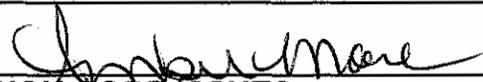
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R772	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/25/2014
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NAME OF PROVIDER OR SUPPLIER  EMERITUS AT RIDGE WIND	STREET ADDRESS, CITY, STATE, ZIP CODE 4080 HAWTHORNE ROAD CHUBBUCK, ID 83202
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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 009	<p>Continued From page 17</p> <p>was unsure where they went, but felt the utensils "would help with his tremors."</p> <p>On 9/24/14 at 3:25 PM, a caregiver stated the staff used weighted utensils "if the dining room sends them back."</p> <p>The facility did not ensure Resident #7 had weighted utensils during meal times to assist with eating.</p> <p>The facility failed to protect Residents #1, #2, #7 and #9 from neglect when they did not provide appropriate medical care. These failures resulted in neglect.</p> <p><b>IV. Monitoring</b></p> <p>Resident Care Director and/or Administrator will regularly monitor that residents who have orders for weighted utensils are consistently using them at meals.</p> <p>Resident Care Director and/or Administrator will consistently Review those residents who Have orders for weighted utensils To make sure the orders remain appropriate to their needs.</p> <p><b>V. Date of Completion</b></p> <p>This Plan of Correction will be Completed on or before November 9, 2014</p>	R 009	<p><b>II. Identifying other residents who may be similarly affected by the citation.</b></p> <p>Resident Care Director and/or Administrator will review Physician's Diet orders and ensure that those who have Physicians order's for weighted utensils have them at every meal.</p> <p><b>III. Systematic Changes</b></p> <p>When the Resident Care Director receives An MD Diet order that includes weighted utensils, they will ensure that the resident quickly has the utensils available at meal times.</p> <p>The care staff will be instructed to immediately report to the Resident Care Director and/or Administrator if there is a resident who has an order for weighted utensils and the utensils are not available.</p> <p>Dining Services Director will Immediately report to the Resident Care Director and/or Administrator if the weighted Utensil are damaged or if New ones are needed to meet the needs of the residents.</p>	
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Facility EMERITUS AT RIDGE WIND	License # RC-772	Physical Address 4080 HAWTHORNE ROAD	Phone Number (208) 237-3000
Administrator Amber Moore	City CHUBBUCK	ZIP Code 83202	Survey Date September 25, 2014
Survey Team Leader Rae Jean McPhillips	Survey Type Licensure and Complaint Investigation	RESPONSE DUE: October 25, 2014	
Administrator Signature 	Date Signed 9/25/14		

**NON-CORE ISSUES**

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06	Three of seven employee records did not contain evidence of Idaho State Police background checks.	10/24/14	Rm
2	215.02	The administrator was not at the facility sufficiently to ensure residents received adequate care.	10/24/14	Rm
3	225.01	The facility did not evaluate Resident #1, 3, 8 and 12's behaviors. ***previously cited on 11/16/11***	10/24/14	Rm
4	225.02	Interventions were not developed for Resident #1, 3, 8 and 12's behaviors. ***previously cited on 11/16/11***	10/24/14	Rm
5	260.05.a	A sufficient quantity of linens was not available to provide residents with clean sheets.	10/24/14	Rm
6	260.06	Several residents' rooms and two hallways were noted to have strong, offensive odors. Dirty linen was observed piled up in some residents' rooms. Rooms were observed to have rusty sinks.	10/24/14	Rm
7	305.02	Resident #9's medications were not congruent with physicians orders and Resident #7 did not have current physician's orders.	10/24/14	Rm
<del>8</del>	<del>305.06.a</del>	<del>There was no nursing assessment in Resident #4's record to indicate he was capable to self administer medication.</del>	<del>error</del>	<del>Rm</del>
9	310.01.a	Medications were not secured in residents' rooms and in the nurses' office.	10/24/14	Rm
10	310.04.a	Psychotropic medication was given prior to trying non-drug interventions.	10/24/14	Rm
11	310.04.e	The facility did not provide behavioral updates to residents' physicians in order for the physician to complete psychotropic medication reviews. ***previously cited on 11/16/11***	10/24/14	Rm
12	320.01	Resident #9 did not have an NSA. Ten residents' NSAs did not include frequency of services, such as laundry, nor were they updated to clearly reflect current care needs.	10/24/14	Rm
13	320.03	The administrator did not sign the NSAs.	10/24/14	Rm
14	335.03	The memory unit did not have a hand washing sink for staff to wash their hands after providing toileting cares and serving meals. Several residents' rooms in the memory unit had feces smeared on the walls, counter tops, floors and toilet seats.	10/24/14	Rm
<del>15</del>	<del>350.02</del>	<del>Interventions were not developed for Resident #1, 3, 8 and 12's behaviors. ***previously cited on 11/16/11***</del>	<del>error</del>	<del>Rm</del>
16	405.05.a	Emergency exit corridors were obstructed by using exits as storage areas for chairs and tables.	10/24/14	Rm

Facility EMERITUS AT RIDGE WIND	License # RC-772	Physical Address 4080 HAWTHORNE ROAD	Phone Number (208) 237-3000
Administrator Amber Moore	City CHUBBUCK	ZIP Code 83202	Survey Date September 25, 2014
Survey Team Leader Rae Jean McPhillips	Survey Type Licensure and Complaint Investigation	RESPONSE DUE: October 25, 2014	
Administrator Signature <i>Amber Moore</i>	Date Signed 9/25/14		

**NON-CORE ISSUES**

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
17	600.05	The administrator did not provide adequate supervision to ensure residents received physician ordered diets, or that staff were trained on how to appropriately interact with cognitively impairment residents.	10/24/14	Rm
18	630.03	Eight of ten staff records did not contain evidence of developmental disability training.	10/24/14	Rm
19	705.02	The administrator did not sign admission agreements.	10/24/14	Rm
20	711.01	Residents' behaviors were not tracked. ***previously cited on 11/16/11***	10/24/14	Rm
21	711.08.b	Staff did not document delegated nursing tasks such as wound care and treatments.	10/24/14	Rm
22	711.11	There was no documentation on the medication assistance records as to why medications were not given.	10/24/14	Rm
23	725.01	The admission and discharge register was not current.	10/24/14	Rm
24	730.02.a	Work records were not maintained to include all personnel on duty, such as the administrator and nurse.	10/24/14	Rm
25	305.04	The facility nurse did not document recommendations were provided to staff, such as blood glucose parameters, blood pressure checks and wound care. Nor did the facility nurse follow-up on previous recommendations.	10/24/14	Rm
26	355.02	The administrator did not document the investigations of		
27		incident or accidents.	10/24/14	Rm
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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

Establishment Name <u>Emeritus Ridge Wind</u>		Operator <u>Amber Moore</u>	
Address <u>4080 Hawthorne Rd Chubbuck ID 83209</u>			
County	Estab #	EHS/SUR #	Inspection time: Travel time:
	<u>20828</u>		
Inspection Type: <u>High</u>		Follow-Up Report: OR	On-Site Follow-Up:
		Date: _____	Date: _____

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

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

**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"/>
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
<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"/>
<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 N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	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 / reservice 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 N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	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"/>
<u>Y</u> 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
<u>baked chicken</u>	<u>180°</u>	<u>180</u>		<u>Cottage cheese</u>	<u>39°</u>	<u>beef</u>	<u>41°</u>
<u>pork</u>	<u>41°</u>			<u>potato</u>	<u>170°</u>		

**GOOD RETAIL PRACTICES (input checked = 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) <u>Amber Moore</u> (Print) <u>Amber Moore</u> Title <u>CFO</u> Date <u>9/25/14</u>	Follow-up: (Circle One) Yes No
Inspector (Signature) <u>Karen Anderson</u> (Print) <u>Karen Anderson</u> Date <u>9/25/14</u>	



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  
EMAIL: ralf@dhw.idaho.gov  
PHONE: 208-364-1962  
FAX: 208-364-1888

October 8, 2014

Amber Moore, Administrator  
Emeritus At Ridge Wind  
4080 Hawthorne Road  
Chubbuck, Idaho 83202

Provider ID: RC-772

Ms. Moore:

An unannounced, on-site complaint investigation was conducted at Emeritus at Ridge Wind between September 22, 2014 and September 25, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006564**

Allegation #1: The facility did not serve what was on the planned menu.

Findings: Unsubstantiated.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

RAE JEAN MCPHILLIPS, RN, BSN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

RM/sc

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



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October 8, 2014

Amber Moore, Administrator  
Emeritus At Ridge Wind  
4080 Hawthorne Road  
Chubbuck, Idaho 83202

Provider ID: RC-772

Ms. Moore:

An unannounced, on-site complaint investigation was conducted at Emeritus Corporation - Emeritus at Ridge Wind between September 22, 2014 and September 25, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00006614**

Allegation #1: The facility did not meet residents' care needs.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.525 for neglect. The facility was required to submit a plan of correction.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

RAE JEAN MCPHILLIPS, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

RM/sc

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