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: 208-334-6626
FAX: 208-364-1888

December 6, 2012

Scott Doughton, Administrator
Four Seasons Assisted Living-
840 East Dalton Avenue
Coeur D'Alene, ID 83815

License #: RC-897

Dear Mr. Doughton:

On October 18, 2012, a Complaint Investiation survey was conducted at Four Seasons Assisted Living-Wilkinson Georgia Senior Housing Lease Co, 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

mmc/mmc

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
Four Seasons Assisted Living	840 E. Dalton Ave	208-665-2100
Administrator	**City**	**ZIP Code**
Scott Daughton	Coeur d'Alene	83815
Survey Team Leader	**Survey Type**	**Survey Date**
Maureen A. McCann, RN	Complaint investigation	10/18/12

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	600060	The facility did not ensure there was sufficient staff always on duty during the late evening and night shift to meet all of the residents needs.	12/6/12 mmc	

Response Required Date	Signature of Facility Representative	Date Signed
11/17/12	Scott Daughton	10-18-12

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

October 24, 2012

Scott Doughton, Administrator
Four Seasons Assisted Living - Wilkinson Georgia Senior Housing Lease Co, LLC
840 East Dalton Avenue
Coeur D' Alene, ID 83815

Dear Mr. Doughton:

An unannounced, on-site complaint investigation survey was conducted at Four Seasons Assisted Living-from October 17, 2012, to October 18, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005713

Allegation #1:	An identified resident was found soaked in urine.
Findings #1:	Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06.a for not ensuring there was sufficient evening and night shift staff to meet all of the needs of the residents. The facility was required to submit evidence of resolution within 30 days.
Allegation #2:	The facility did not ensure sufficient staff were available during all hours to meet all of the needs of the residents.
Findings #2:	Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06.a for not ensuring there was sufficient evening and night shift staff to meet all of the needs of the residents. The facility was required to submit evidence of resolution within 30 days.
Allegation #3:	The facility nurse did not advise staff to monitor an identified resident after the resident sustained a fall.
Findings #3:	A facility "Incident Report" form documented the identified resident sustained a fall in September of 2012. The facility nurse documented in the residents record that the resident had a non-injury fall on that date. A facility "72 Hour Alert Vitals" form documented the resident was placed on a 72 hour observation after the fall.

Between 10/17/12 and 10/18/12, the facility nurse and four caregivers stated when a resident falls it is the facility policy to contact the nurse who will assess the resident and give caregivers instructions if needed.

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 a non-core issue deficiency was identified on the punch list, a copy of which was reviewed and left with you during the exit conference, on **10/18/2012**. 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,

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

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