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 18, 2012

Rena Blaser, Administrator
Emerald House, LLC
598 North Highway 91
Firth, ID 83236

License #: RC-935

Dear Ms. Blaser:

On November 26, 2012, a Complaint Investigation was conducted at Emerald House. 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 A. McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

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

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

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December 6, 2012

Rena Blaser, Administrator
Emerald House, LLC
598 North Highway 91
Firth, ID 83236

Dear Ms. Blaser:

An unannounced, on-site complaint investigation survey was conducted at Emerald House on November 26, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005524

Allegation #1:	The facility did ensure all of the required paperwork was available prior to a resident moving into the facility.
Findings #1:	Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.02 for not obtaining physician's orders until two days after an identified resident moved into the facility. The facility was required to submit evidence of resolution within 30 days.

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 **11/26/2012**. 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 A McCann, RN

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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
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
Emerald House	490 Emerald	208 785-0759
Administrator	**City**	**ZIP Code**
Ken Glasser	Blackfoot	83221
Survey Team Leader	**Survey Type**	**Survey Date**
Maureen McPherson	Complaint investigation	11/26/12

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	30502	Physician orders were obtained two days after the resident was admitted to the facility.	12/18/12	

Response Required Date	Signature of Facility Representative	Date Signed
12/26/12	[illegible]	[illegible]