



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

May 23, 2014

Amy Robinson, Administrator
Emeritus at Summer Wind
5955 Castle Drive
Boise, Idaho 83703

Provider ID: RC-480

Ms. Robinson:

On March 14, 2014, a complaint investigation was conducted at Emeritus at Summer Wind. 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.

Your submitted evidence of resolution is 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 Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

POLLY WATT-GEIER, MSW
Team Leader
Health Facility Surveyor

PWG/sc

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



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March 28, 2014

Amy Robinson, Administrator
Emeritus at Summer Wind
5955 Castle Drive
Boise, Idaho 83703

Dear Ms. Robinson:

An unannounced, on-site complaint investigation survey was conducted at Emeritus at Summer Wind between March 11, 2014 and March 14, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006294

Allegation #1: The back hallway of the facility had a strong urine odor.

Findings: Between 03/11/14 and 03/13/14, observations of the hallways were conducted. On 03/11/14 and 3/12/14, a slight transient urine odor was noted in the hallway, close to the laundry room. There were no odors noted in the facility on 03/12/14.

On 03/11/14 from 2:15 PM to 3:45 PM, thirty-two residents were interviewed. None of the residents interviewed had concerns about odors in the facility.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven. The facility was provided technical assistance regarding odor control, especially in the hallway near the laundry room.

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 **March 14, 2014**. 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) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

POLLY WATT-GEIER, MSW
Health Facility Surveyor
Residential Assisted Living Facility Program



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March 28, 2014

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Emeritus at Summer Wind
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Boise, Idaho 83703

Dear Ms. Robinson:

An unannounced, on-site complaint investigation survey was conducted at Emeritus at Summer Wind between March 11, 2014 and March 14, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006304

Allegation #1: Residents were not assisted with medications as ordered by their physicians.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.300.02 for the facility not ensuring medications were implemented as ordered and at IDAPA 16.03.22.305.02 for not having medications always available as ordered. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: Residents were given other residents' medications.

Findings #2: Substantiated. It was determined residents had received other residents medications previously, but it was not a current practice as the facility had acted appropriately by identifying and addressing the deficient practice.

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 **March 14, 2014**. 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) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

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Amy Robinson, Administrator
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5955 Castle Drive
Boise, Idaho 83703

Dear Ms. Robinson:

An unannounced, on-site complaint investigation survey was conducted at Emeritus at Summer Wind between March 11, 2014 and March 14, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006362

Allegation #1: A toilet overflowed and the facility delayed cleaning rooms affected by the overflow.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for not cleaning rooms in a timely manner, after a toilet overflowed. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not respond in writing to all residents complaints.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for not addressing all complaints received by residents. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility did not ensure residents received their medications as ordered.

Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.300.02 for the facility not ensuring medications were implemented as ordered and at IDAPA 16.03.22.305.02 for not having medications always available as ordered. The facility was required to submit evidence of resolution within 30 days.

Amy Robinson, Administrator

March 28, 2014

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Allegation #4: Residents did not receive their mail in a timely manner.

Findings #4: On 03/11/14, thirty-two residents were interviewed. Thirty of the residents stated they received their mail at the facility and did not have concerns regarding their mail. Two of the residents expressed that their mail was not delivered daily.

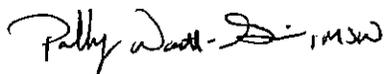
Eight caregivers were interviewed on 03/12/14 and 03/13/14. The caregivers stated they had not heard of any complaints from residents regarding not receiving their mail. The caregivers further stated the business manager delivered the mail daily, Monday through Friday.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation. The facility was given technical assistance regarding initiating a back-up plan, if the business manager was not available to deliver the mail during the weekdays and for delivering the mail on Saturdays.

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 **March 14, 2014**. 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) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

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

