



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

June 4, 2013

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

License #: RC-725

Dear Mr. Collett:

On April 18, 2013, a follow-up survey 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.

Your submitted 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 no 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) 334-6626.

Sincerely,

Polly Watt-Geier, MSW  
Team Leader  
Health Facility Surveyor

PWG

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



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**CERTIFIED MAIL: 7012 1010 0002 0836 0119**

May 9, 2013

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

Dear Mr. Collett:

On April 18, 2013, a follow-up visit to the licensure/follow-up and complaint investigation survey of February 11, 2013, was conducted at Emerson House at River Pointe, LLC. The core issue deficiencies issued as a result of the February 11, 2013, survey have been corrected.

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 May 18, 2013.

Of the five (5) non-core issue deficiencies that were identified on the Punch List, three (3) were identified as repeat deficiencies. One (1) of the repeat deficiencies (305.02 - the facility did not ensure PRN medications were available as ordered by a physician, and medications were not given as ordered by the physician) has been cited on three (3) consecutive surveys, as follows:

- 8/9/2011
- 2/11/2013
- 4/18/2013

This deficiency is a direct violation of the following administrative rules for Residential Care or Assisted Living Facilities in Idaho:

**IDAPA 16.03.22.305.02. REQUIREMENTS FOR MEDICATION**

**02. Current Medication Orders.** Assure the residents' medication orders are current by verifying that the medication listed on the medication distribution container, including over-the-counter medications as appropriate, are consistent with physician or authorized provider orders. A copy of the actual written, signed and dated orders must be present in each resident's care record.

The following administrative rules for Residential Care or Assisted Living Facilities in Idaho give the Department the authority to impose a monetary penalty for these violations:

**IDAPA 925. ENFORCEMENT REMEDY OF CIVIL MONETARY PENALTIES.**

**01. Civil Monetary Penalties.** Civil monetary penalties are based upon one (1) or more deficiencies of noncompliance. Nothing will prevent the Department from imposing this remedy for deficiencies which existed prior to survey or complaint investigation through which they are identified. Actual harm to a resident or residents does not need to be shown. A single act, omission or incident will not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule.

**02. Assessment Amount for Civil Monetary Penalty.** When civil monetary penalties are imposed, such penalties are assessed for each day the facility is or was out of compliance. The amounts below are multiplied by the total number of occupied licensed beds according to the records of the Department at the time noncompliance is established.

b. Repeat deficiency is ten dollars (\$10).

Based on findings that you failed to ensure residents who required assistance were observed taking their medications, the Department is imposing the following penalties:

For the dates of January 23, 2013 through March 21, 2013:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	1	37	58	\$ 21,460

Maximum penalties allowed in any ninety day period per IDAPA 16.03.22.925.02.c:

# of Occupied Beds in Facility	Initial Deficiency	Repeat Deficiency
3-4 Beds	\$1,440	\$2,880
5-50 Beds	\$3,200	\$6,400
51-100 Beds	\$5,400	\$10,800
101-150 Beds	\$8,800	\$17,600
151 or More Beds	\$14,600	\$29,200

Your facility had 37 occupied beds at the time of the survey. Therefore, your maximum penalty is: \$6,400.

Send payment of \$6,400 by check or money order, made payable to:

**Licensing and Certification**

Mail your payment to:

**Licensing and Certification - RALF  
PO Box 83720  
Boise, ID 83720-0009**

Eric Collett  
May 9, 2013  
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Payment must be received in full within 30 calendar days from the date this notice is received. Interest accrues on all unpaid penalties at the legal rate of interest for judgments. Failure of a facility to pay the entire penalty, together with any interest, is cause for revocation of the license or the amount may be withheld from Medicaid payments to the facility.

Please be advised that you may contest this decision by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, no later than twenty-eight (28) days after this notice was mailed. Any such request should be addressed to:

**Tamara Prisock, Administrator  
Division of Licensing and Certification  
Department of Health and Welfare  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009**

If you fail to file a request for administrative review within the time allowed, this decision shall become final.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys would result in additional enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626. 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

PWG/TFP

cc: Pam Mason, LTC Program Manager, Regional Medicaid Services, Region IV – DHW  
Steve Millward, Licensing and Certification



**ASSISTED LIVING**  
**Non-Core Issues**  
**Punch List**

Facility Name Emerson House	Physical Address 8250 West Marigold	Phone Number 377-3177
Administrator Eric Collett	City Garden City	Zip Code 83714
Team Leader Polly Watt-Geier	Survey Type Follow-up	Survey Date 04/18/13

**NON-CORE ISSUES**

Item #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
1	305.02	The facility did not ensure PRN medications were available as ordered by a physician. Additionally, medications were not given as ordered by the physician, for example: Resident #2 and Resident #4. ***Previously cited 8/9/11, 2/11/13***		4/18/13 PWB
2	305.04	The facility nurse did not make recommendations regarding blood pressure, respiration rate and vital sign parameters. ***Previously cited 2/11/13***		4/18/13 PWB
3	711.01	The facility did not document the time and date a specific behaviors were observed; what interventions were used to address the specific behaviors and the effectiveness of those interventions. ***Previously cited 2/11/13***		4/18/13 PWB
4	711.08.b	The medication assistance records did not clearly identify when Resident #2 and Resident #3 received oxygen.		4/18/13 PWB
5	711.08.e	The care notes did not include documentation that the facility RN had been notified of residents' changes of condition, for example: when Resident #4's vital signs were outside the listed parameters and when Resident #5's respirations fluctuated		4/18/13 PWB

Response Required Date 05/18/13	Signature of Facility Representative <i>Eric D. Collett</i>	Date Signed 4/19/13
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