



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: 208-364-1988

September 19, 2014

Robyn Smith, Administrator  
Emeritus at Highland Hills  
1501 Baldy Avenue  
Pocatello, Idaho 83201

Provider ID: RC-770

Ms. Smith:

On June 6, 2014, a state licensure/follow-up survey and complaint investigation were conducted at Emeritus at Highland Hills. 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 with the exception of punch list item 250.14. An extension is being granted for this punch list deficiency until 11/15/2014. 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 Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

DONNA HENSCHIED, LSW  
Team Leader  
Health Facility Surveyor

DH/sc



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Boise, Idaho 83720-0009  
PHONE: 208-364-1962  
FAX: 208-364-1888

June 15, 2014

**CERTIFIED MAIL #: 7007 3020 0001 4050 8432**

Robyn Smith  
Emeritus at Highland Hills  
1501 Baldy Avenue  
Pocatello, Idaho 83201

Provider ID: RC-770

Ms. Smith:

Based on the state licensure/follow-up survey and complaint investigation conducted by Department staff at Emeritus at Highland Hills between June 2, 2014 and June 6, 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 at Highland Hills 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 **July 21, 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?

Robyn Smith  
June 15, 2014  
Page 2 of 2

Return the **signed** and **dated** Plan of Correction to us by **June 28, 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.

In accordance with IDAPA 16.03.22.003.02, you have available the opportunity to question cited deficiencies 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 Care Program for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the Statement of Deficiencies. See the IDR policy and directions on our website at [www.assistedliving.dhw.idaho.gov](http://www.assistedliving.dhw.idaho.gov). If your request for informal dispute resolution is not received within the appropriate time-frame, your request will not be granted.

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 **July 6, 2014**.

Also, be aware that any variance allowing the administrator to serve over other facilities is revoked as of the date of the exit conference. The facility must now employ a single, licensed administrator who is not serving as administrator over any other facilities. Failure to do so within thirty (30) days of the date of the exit conference will result in a core issue deficiency.

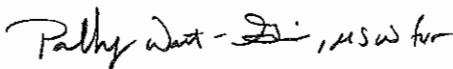
If at the follow-up survey, the core deficiency still exists or a new core deficiency is identified, the Department will have no alternative but to initiate an enforcement action against the license held by Emeritus At Highland Hills.

Enforcement actions may include:

- imposition of civil monetary penalties;
- issuance of a provisional license;
- limitation 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:  <b>13R770</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/06/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EMERITUS AT HIGHLAND HILLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1501 BALDY AVENUE POCATELLO, ID 83201</b>
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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>Initial Comments</p> <p>The following deficiency was cited during the licensure survey and complaint investigation conducted between 6/2/2014 and 6/6/2014 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p> <p>Abbreviations: ALF = assisted living facility @ = at &amp; = and + = positive cm = centimeter L = left purulent = pus pt = patient RN = Registered Nurse SN = skilled nursing</p>	R 000	<p><b>Emeritus at Highland Hills State Survey Plan of Correction</b></p> <p><i>The following is Emeritus at Highland Hills Plan of Correction to the Department of Health and Welfare of Deficiencies dated June 6, 2014 and received at the community via certified mail on June 18, 2014. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions outlined in the 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 findings. We have not presented all contrary factual or legal arguments, nor have we identified all mitigation factors.</i></p>	
R 008	<p>16.03.22.520 Protect Residents from Inadequate Care.</p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.</p>	R 008	<p><u>16.03.22.520 Protect Residents from Inadequate Care.</u></p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.</p>	

**RECEIVED**  
**JUL - 2 2014**  
**DIV OF LIC & CERT**

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Rabyn Smith - Executive Director</i>	TITLE  <i>Executive Director</i>	(X6) DATE  <i>6-27-14</i>
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Bureau of Facility Standards

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R 008	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, it was determined the facility failed to provide adequate care for 2 of 12 sampled residents (Residents #2 and #10). The facility retained Resident #2 who was not compatible with other residents. Additionally, the facility failed to provide supervision and a safe and secure environment for Resident #2, who left the facility unsupervised. The facility retained Resident #10, who had active methicillin-resistant staphylococcus aureus. The findings include:</p> <p><b>I. INCOMPATIBILITY:</b></p> <p>According to IDAPA 16.03.22.152.05.d. "A resident will not be admitted or retained who has physical, emotional, or social needs that are not compatible with the other residents in the facility."</p> <p>Resident #2's record documented she was a 90 year-old female, who was admitted to the facility on 4/10/09, with a diagnosis of dementia.</p> <p>On 6/2/14 at 2:05 PM, Resident #2 was observed going between the business office and the administrator's office, unsupervised, randomly picking up items and putting them down.</p> <p>On 6/4/14 at 9:50 AM, Resident #2 was observed walking in a hallway wearing a jean jacket, a pink slip, one sneaker and one sandal.</p> <p>Between 6/2/14 and 6/4/14, four random residents stated Resident #2 often wandered into their rooms. One resident stated she was "gonna kill" Resident #2, who came into her room and "steals things." The random resident stated when she told the staff at the front desk, they told her</p>	R 008	<p><b>1. INCOMPATIBILITY</b> IDAPA 16.03.22.152.05.d. A resident will not be admitted or retained who has physical, emotional, or social needs that are not compatible with the other residents in the facility;</p> <p><b>I. Corrective Action:</b></p> <p>Resident #2 was admitted to Portneuf Medical Center Gero Psych 6/11/14 for evaluation and admitted from Gero Psych to Caring Hearts a Secured Memory Care Community 6/19/14 for better compatibility and safety.</p> <p>The event on 12/11/13 was investigated and an event report was completed for this event identified.</p> <p><b>II. How to Identify Other Residents:</b></p> <p>Recent resident admissions &amp; readmissions to the community have been audited by the Administrator and Licensed Nurse to identify any residents that are not compatible with the community. The audit will included a review of the Negotiated Service Agreement and Behavior Management Plans to support residents not be retained or admitted in compliance with IDAPA 16.03.22.152.05.d.</p>	
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R 008	<p>Continued From page 2</p> <p>"to lock her door." A second resident stated he had to lock his door because of "that [ethnic slur] woman." He further stated he had found "that [ethnic slur] woman" in his bed twice in the past. He stated, "If it happens again, I will kill her, I have killed [ethnic slur] before."</p> <p>On 6/3/14 at 2:15 PM, a family member stated she received a phone call from the facility last week and was told Resident #2 had wandered into other residents' rooms, had been found lying on another resident's bed and did not want to get up.</p> <p>On 6/3/14 at 2:40 PM, Caregiver A stated Resident #2 "tries to go into other residents' rooms" because she "thinks their rooms are her room." Caregiver A stated the resident wandered into others' rooms "more frequently at sundown." She further stated staff tried to redirect Resident #2 and encouraged the other residents "to just keep their doors locked."</p> <p>On 6/3/14 at 3:00 PM, Caregiver B stated "We just let the nurse know when she [Resident #2] was wandering." She stated the resident "was in some rooms today. She usually starts at the end room on the left and she works her way down the hall." Caregiver B further stated, Resident #2 often did not sleep at night and wandered.</p> <p>On 6/4/14 at 8:30 AM, the facility RN stated the facility had received "a few complaints" from other residents after Resident #2 had wandered into their rooms, but "we keep a good eye on her." She further stated "we did consider moving her to a memory unit," but had not yet discussed this with the resident's family.</p> <p>On 6/4/14 at 11:40 AM, Caregiver B stated</p>	R 008	<p><b>III. Systemic Changes:</b></p> <p>Prior to residents being admitted or retained in the community, the RCD or Administrator will review the pre move in assessments and review Negotiated Service Agreement and/or Behavior Management Plans as indicated, to identify residents that are not compatible with the other residents in the facility to be in compliance with ADAPA 16.03.22.152.d.</p> <p><b>IV. Monitoring:</b></p> <p>The Administrator and /or Licensed Nurse will review Negotiated Service Agreement and Behavior Management Plans consistently to identify residents that are not compatible with the other residents in the facility.</p> <p><b>V. Date of Completion:</b></p> <p>The Plan of Correction will be completed on or before July 21, 2014.</p>	
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R 008	<p>Continued From page 3</p> <p>Resident #2 wandered into other residents' rooms and "on occasion" the other residents had complained about this.</p> <p>On 6/4/14 at 2:50 PM, Caregiver C stated Resident #2 was often "up all night, sits in and walks the halls and goes into other residents' rooms. We go and lock the residents' doors...We were told to redirect her." She further stated there were residents who complained about Resident #2's wandering. Caregiver C stated, last weekend Resident #2 was "found lying" in a male resident's bed. She stated she could not count how many times Resident #2 was found in other residents' rooms. She stated, "Too many times to count. This has been going on. It is not a new problem."</p> <p>On 6/4/14 at 3:45 PM, Caregiver D stated Resident #2 "doesn't sleep and wanders at night...walks into other residents' rooms and falls asleep." She stated some of the other residents were upset. "We usually tell the next shift to keep an eye on her...We notify the nurse." Caregiver D further stated, "this is a common thing, everybody knows about."</p> <p>On 6/4/14 at 4:00 PM, Caregiver E stated he had seen Resident #2 "going through rooms." He stated when he saw the resident wander into other residents' rooms, he followed her and tried to redirect her. He further stated he told the administrator, the nurses and documented on the "Care Alert" forms.</p> <p>On 6/5/14 at 9:05 AM, Caregiver F stated Resident #2 "wanders a lot on the graveyard shift and tries to get into other residents' rooms, so they lock their doors." She further stated she was aware another resident had made a complaint, "I don't think she understands." The caregiver</p>	R 008		

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R 008	<p>Continued From page 4</p> <p>stated she reported the wandering to the RN and documented in the "Daily Log."</p> <p>On 6/5/14 at 10:05 AM, Caregiver G stated Resident #2 got "into other peoples' rooms. She tries every door until she finds one unlocked."</p> <p>The following entries were documented on facility "Daily Observation and Monitoring Worksheets":</p> <p>*12/7/13: Resident #2 was in Random Resident A's "bed with her pants half down" and Random Resident A was "very upset."</p> <p>*12/9/13: Resident #2 went into Random Resident B's room and "got into bed" with the resident. "When we tried to wake her, she became combative..."</p> <p>*12/20/13: Resident #2 "was going to each room &amp; going and locking herself in there and when we took [her] out she got mad at us."</p> <p>*1/23/14: Resident #2 "is stealing" Random Resident C's clothes. The facility administrator signed the bottom of the form.</p> <p>*2/12/14: Resident #2 was in Random Resident D's room, "pushed" the random resident, who "fell to the ground." The facility administrator initialed the bottom of the form.</p> <p>*2/12/14: Random Resident D "wants her door locked at night. [Resident #2's name] was in her room last night." The facility administrator signed the bottom of the form.</p> <p>*3/5/14: Resident #2 was in Random Resident E's room "sleeping on her couch. Refuses to move/aggressive." The facility administrator</p>	R 008		

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R 008	<p>Continued From page 5</p> <p>signed the bottom of the form.</p> <p>*3/23/14: Resident #2 "was up all night. @ 4:30 am residents came down to common area complaining she is opening their doors." The facility administrator signed the bottom of the form.</p> <p>*3/24/14: Resident #2 "peed in the basket in the dinning room." The facility administrator signed the bottom of the form.</p> <p>*Not dated, found filed with March 2014 forms: Resident #2 "keeps going into residents' rooms. When we were locking their doors and tried redirecting her and she got very aggressive." The facility administrator signed the bottom of the form.</p> <p>On 6/4/14 at 10:10 AM, the facility administrator stated she was not aware of any complaints from other residents regarding Resident #2 wandering into their rooms.</p> <p>The facility's complaint documentation was reviewed. There was no documentation regarding the multiple complaints residents made related to Resident #2 wandering into their rooms, until 6/4/14, after the survey team identified the issue.</p> <p>A Negotiated Service Agreement (NSA), dated 3/12/14, documented under the heading, "Identify and evaluate behavioral symptoms that are distressing to the resident or infringe on other residents' rights", "No applicable behaviors at this time."</p> <p>The facility retained Resident #2 whose behaviors infringed on the rights of other residents. This also placed Resident #2 at risk for being injured.</p>	R 008		

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R 008	<p>Continued From page 6</p> <p><b>II. SUPERVISION</b></p> <p>IDAPA rule 16.03.22.011.08 defines inadequate care as: "When a facility fails to provide... supervision...a safe living environment..."</p> <p>The facility was licensed for 68 residents. The facility was a large single story building with four hallways extending out in an X shape from a central area which consisted of the facility entrance, sitting areas, offices, the dining room and the kitchen. Each hallway had approximately 12 resident apartments as well as other rooms such as an activity room, laundry room and library. The facility exit doors were unlocked and opened to unsecured exterior yards or parking lots. The facility did not have a special unit to care for residents with memory impairments.</p> <p>The facility received a core deficiency in August of 2010 after several residents, including Resident #2, had eloped from the facility. At that time, Resident #2 had eloped while using a Wanderguard.</p> <p>On 6/4/14 at 9:50 AM, Resident #2 was observed walking in a hallway wearing a Wanderguard ankle-bracelet.</p> <p>A Negotiated Service Agreement, dated 3/12/14, documented the resident had a history of exit seeking, but did not mention Resident #2 had a Wanderguard.</p> <p>The following entries were documented on facility "Daily Observation and Monitoring Worksheets":</p> <p>*12/11/13: "Opened the side door in D hall &amp; went outside. As we were looking for her</p>	R 008	<p>Supervision IDAPA 16.03.22.011.08 <b>Inadequate Care.</b> When a facility fails to provide the services required to meet the terms of the Negotiated Service Agreement, or provide for room, board, activities of daily living, supervision, first aid, assistance and monitoring of medications, emergency intervention, coordination of outside services, a safe living environment, or engages in violations of resident rights or takes residents who have been admitted in violation of the provisions of Section 39-3307, Idaho Code.</p> <p><b>I. Corrective Action:</b></p> <p>Resident #2 was admitted to Portneuf Medical Center Gero Psych 6/11/14 for evaluation and admitted from Gero Psych to Caring Hearts a Secured Memory Care Community 6/19/14 for better compatibility and safety.</p> <p><b>II. How to Identify Other Residents:</b></p> <p>Current residents within the community have been audited by the Administrator and/or Licensed Nurse to identify any residents that are not compatible for the community. The audit included a review of the Negotiated Service Agreements and Behavior Management Plans for current residents to support current residents are in compliance with IDAPA 16.03.22.152.05.d.</p>	
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R 008	<p>Continued From page 7</p> <p>[Resident #2], she started knocking on the dinning room window. She was covered in snow and was completely confused. We put her by the fireplace to warm her up and reset the alarm. Her feet were bare and will be sore for a little. They were very red." The form was initialed by 17 staff members. There was no incident report found in the facility regarding this incident.</p> <p>*1/29/14 and 1/30/14 (night shift): "C" and "D" hall door alarms were found off when night shift staff arrived to work at 11:00 PM.</p> <p>On 6/3/14 at 2:15 PM, a family member stated, Resident #2 had not wandered outside in "two to three years."</p> <p>On 6/4/14 at 2:50 PM, Caregiver C stated, Resident #2 "got out one time by the door by her room, the alarm did not go off. She was locked out and she was banging on the dining room door." Caregiver C stated the incident was reported to management. She stated this occurred a few months ago and she could not remember the date, but that "it was winter, it was snowing out." She stated she reset the door alarm once the resident was back in the building. Caregiver C further stated, sometimes the door alarms were turned off, and not turned back on, such as when "visiting family members go in and out."</p> <p>On 6/5/14 at 11:30 AM, when interviewed regarding Resident #2 getting out of the facility unsupervised on a snowy night, the administrator stated she was not aware of the incident.</p> <p>The facility failed to protect Resident #2 from leaving the facility unsupervised despite the resident's history of elopements and the previous</p>	R 008	<p>The Administrator and LN have completed interviews with staff to support resident care concerns, concerns have been investigated and addressed as required. The Daily Observation Log has also been audited by the LN and Administrator to support documented resident concerns have been followed up and addressed as needed.</p> <p>Residents with a diagnosis of Dementia, Alzheimer's, or any other cognitive impairment diagnosis have been audited to support that their needs are being met in accordance with state regulations. This included an audit of their NSA to support their behavioral symptoms being addressed if applicable, their unsupervised absence evaluation is current, and their diagnosis is evaluated and care planned properly as required. These current residents have also been assessed by the LN and NSA's updated as indicated to support resident safety.</p> <p>Residents and staff have been interviewed by the LN and Administrator to support that there is not currently other residents within the community who are wandering in other resident rooms or who are exit seeking.</p>	
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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R770</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/06/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EMERITUS AT HIGHLAND HILLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1501 BALDY AVENUE POCATELLO, ID 83201</b>
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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 008	<p>Continued From page 8</p> <p>failed use of a Wanderguard.</p> <p><b>III. RETENTION (MRSA)</b></p> <p>IDAPA 03.22.152.05.b. states, "No resident will be admitted or retained who requires ongoing skilled nursing or care not within the legally licensed authority of the facility. Such residents include:</p> <p>xi. A resident who has MRSA (Methicillin-resistant staphylococcus aureus) in an active stage (infective stage)."</p> <p>Resident #10's record documented she was 83 years old and was admitted to the facility on 2/9/12 with diagnoses including arthritis, hypertension and congestive heart failure.</p> <p>On 6/3/14 at 12:35 PM, Resident #10 was observed in the dining area eating her lunch independently.</p> <p>A "Healthcare Provider Communication Form," dated 1/14/14, documented Resident #10, "...has 1 cm x 1 cm open area, surrounded by 2 cm x 2 cm firm area on left buttock. Draining purulent drainage, resident also running temperature.."</p> <p>A "Daily Visit Note," dated 1/14/14, by a home health nurse, documented the following; "ALF reporting skin issue to buttocks. SN completed assessment on L buttocks, pt has a 0.1 cm x 0.1 cm x 0.1 cm opening &amp; area has an induration of 2 cm x 2 cm- thick discharge..."</p> <p>Resident #10's "Service Notes," dated 1/14/14, documented "...culture from abscess on L buttocks, reported by [outside service provider]. Results faxed to facility today with +MRSA in wound. Wound is covered &amp; non-draining. Home</p>	R 008	<p><b>III. Systemic Changes:</b></p> <p>Prior to residents being admitted or retained in the community, the Licensed Nurse or Administrator will review the pre move in assessments and review Negotiated Service Agreement and Behavior Management Plans to identify residents that are not compatible with the other residents in the facility to be in compliance with IDAPA 16.03.22.152.d.</p> <p>Current residents within the community who are found wandering into other residents' rooms or who are exit seeking will be evaluated by the LN promptly as required.</p> <p>The Licensed Nurse and Administrator have been re-in-serviced on the Daily Observation Log policy along with the Event Reporting policy. Community staff has also been re-in-serviced on resident behavior identification, and reporting to the Licensed Nurse and/or Executive Director when behaviors are witnessed.</p> <p><b>IV. Monitoring:</b></p> <p>The LN and Administrator will consistently audit the Daily Observation Log &amp; the Care Alert Forms to support resident behaviors and care concerns are followed up on promptly as required.</p> <p>The Administrator and /or Resident Care Director will review resident Negotiated Service Agreements and Behavior Management Plans consistently to promptly identify residents that are not compatible with the other residents in the facility and who require addition assessment and review.</p>	
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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R770	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/06/2014
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NAME OF PROVIDER OR SUPPLIER  EMERITUS AT HIGHLAND HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 1501 BALDY AVENUE POCATELLO, ID 83201
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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 008	<p>Continued From page 9</p> <p>Health &amp; facility to keep wound covered. Resident does not need to be sent out of facility. New order Doxycycline 100 mg PO BID x 7 days..."</p> <p>A laboratory report for Resident #10, dated 1/16/14, documented, "CULTURE RESULTS: MANY STAPHYLOCOCCUS AUREUS - COAGULASE POSITIVE (Isolate is a METHICILLIN RESISTANT strain (MRSA). Contact infection control department for appropriate isolation protocol.)."</p> <p>A "Daily Observation and Monitoring Worksheet," dated 1/21/14, documented special precautions were being taken for Resident #10's laundry due to her infection.</p> <p>On 6/5/14 at 8:29 AM, a technician at the laboratory that performed the 1/16/14 report, was interviewed and stated the MRSA in Resident #10's wound was "actively infectious" and was "contagious and could spread to others."</p> <p>On 6/5/14 at 8:45 AM, the administrator stated when she found out the resident was positive for MRSA, she wanted to discharge the resident and was very concerned. She stated she was told by Resident #10's home health nurse the MRSA in the wound was not actively infectious or contagious, so the resident could remain in the facility. Further, she stated she was aware that residents could not be retained in the facility with active MRSA, she had previously discharged residents with MRSA, but was told Resident #10's MRSA was not active or infectious.</p> <p>On 6/5/14 at 10:36 AM, the facility nurse stated that on 1/14/14, Resident #10 had a low grade fever, so her wound was cultured. She stated the test came back positive for MRSA. She stated</p>	R 008	<p><b>V. Date of Completion:</b></p> <p>The Plan of Correction will be completed on or before July 21, 2014.</p> <p>1. <b>RETENTION (MRSA)</b> <b>Policies of Acceptable Admissions.</b> Written descriptions of the conditions of the conditions for admitting residents to the facility must include: b. No resident will be admitted or retained who requires ongoing skilled nursing or care not within the legally licensed authority of the facility. xi. A Resident who has MRSA (methicillin-resistant staphylococcus aureus) in an active stage (infective stage).</p> <p><b>I. Corrective Action:</b></p> <p>Resident #10's wound has resolved.</p> <p><b>II. How to Identify Other Residents:</b></p> <p>The Administrator and/or Licensed Nurse have reviewed current residents in the community who have wounds to support that these residents meet the state requirements for continued stay in our facility.</p>	
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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R770</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/06/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EMERITUS AT HIGHLAND HILLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1501 BALDY AVENUE POCATELLO, ID 83201</b>
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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
R 008	<p>Continued From page 10</p> <p>she contacted the company's regional RN, and the regional RN stated if the wound was closed, not draining, covered and was being treated, the resident could remain in the facility.</p> <p>The facility retained Resident #10 when she had and active MRSA infection.</p> <p>The facility retained Resident #2 who was not socially compatible with the other residents. Additionally, the facility failed to provide supervision and a safe environment for Resident #2, who left the facility unsupervised. Finally, the facility retained Resident #10 when she had active MRSA. These led to inadequate care.</p>	R 008	<p><b>III. Systemic Changes:</b></p> <p>The LN's have been re-in-serviced regarding Idaho regulations related to Policies of Acceptable Admissions. Outside agency practitioners who treat and/or coordinate wound care in our facility been re-in-serviced on Idaho regulation 'Policies of Acceptable Admissions'.</p> <p>New facility nurses will be in-serviced upon hire related to Idaho Policies of Acceptable Admissions. Home Health nurses and Hospice nurses will be in-serviced on Idaho regulations upon their coordination of care within our facility.</p> <p><b>IV. Monitoring:</b></p> <p>Resident Care Director and/or LN will observe/assess wounds consistently. The Resident Care Director and/or designee will document the wound treatment plan and their assessment consistently. If wound care is being coordinated with an outside service, the RCD and/or designee will consistently audit documentation and plan of care.</p> <p>The administrator will consistently audit wounds in the community to support compliance with Idaho regulations.</p> <p><b>V. Date of Completion:</b></p> <p>The Plan of Correction will be completed on or before July 21, 2014.</p>	



Facility EMERITUS AT HIGHLAND HILLS	License # RC-770	Physical Address 1501 BALDY AVENUE	Phone Number (208) 237-6866
Administrator Robyn Smith	City POCATELLO	ZIP Code 83201	Survey Date June 6, 2014
Survey Team Leader Donna Henscheid	Survey Type Licensure and Complaint Investigation	RESPONSE DUE: July 6, 2014	
Administrator Signature <i>Robyn Smith</i>	Date Signed 6-26-14		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	153.03	The facility did not have a policy to direct staff on how and who to notify when residents had changes of condition.	9/14/14	DN
2	225.01	The facility did not evaluate Resident #2's and random residents' behaviors.	9/14/14	DN
3	250.14	The facility retained residents who have cognitive impairment and did not provide an exterior secured yard.		
4	305.02	The facility nurse did not ensure residents medications were current. For example: Resident #2 and #4 did not have current medication orders and Resident #6 and #11 received medications after they were discontinued.	9/14/14	DN
5	305.03	The facility nurse did not conduct and document a nursing assessment of residents' changes of condition. For example: Resident #3's hitting her head when she fell, Resident #4's wounds and post hospital/ER discharges, Resident #5's pressure ulcer, unresponsive episode and post hospital discharge, Resident #6's post ER discharge and Resident #8's swollen legs and post oral surgery.	9/14/14	DN
6	320.01	NSAs did not clearly describe the resident, services to be provided, the frequency of such services and how the services are to be provided for Residents #2, 3, 5, 6, 7, 8 and 10. Further, the facility did not ensure Resident #3's NSA was implemented to ensure she received showers as agreed in her NSA.	9/14/14	DN
7	330.02	Records were not retained for 3 years. For example: Care alerts and skin assessments were shredded.	9/19/14	DN
8	350.02	The administrator did not document an investigation was conducted regarding all incidents, accidents and complaints. For example: Bruising and skin tears of an unknown origin and family complaints.	9/14/14	DN
9	350.04	The administrator did not provide a written response to all complainants within 30 days.	9/19/14	DN
10	451	The facility did not provide mechanically altered diets to Residents #3, 6, 7 and 2 random residents according to the Idaho Diet Manual.	9/14/14	DN
11	600.06.a	The facility did not employ and the administrator did not schedule sufficient personnel to provide care required in each resident's NSA. For example: Excessive laundry was piled up in the laundry room, residents were observed disheveled, residents were observed wearing the same clothes for at least 3 several days and call lights were not answered in a timely manner.	9/14/14	DN
12	630.03	10 of 10 employees did not have developmental disability training.	9/19/14	DN





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>Emeralds at Highbeam Hills</u>		Operator <u>Robyn Smith</u>	
Address <u>501 Bully Ave</u>		Inspection time: <u>Portland ID 83201</u>	
County <u>Bannock</u>	Estab # <u>          </u>	EHS/SUR.# <u>          </u>	Travel time: <u>          </u>
Inspection Type: <u>STANDARD</u>	Risk Category: <u>High</u>	Follow-Up Report: OR Date: <u>          </u>	On-Site Follow-Up: Date: <u>          </u>
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.			

# of Risk Factor Violations <u>0</u>	# of Retail Practice Violations <u>1</u>
# of Repeat Violations <u>0</u>	# of Repeat Violations <u>0</u>
Score <u>0</u>	Score <u>1</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

### 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
<input checked="" type="checkbox"/> N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health (2-201)</b>			
<input checked="" type="checkbox"/> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>			
<input checked="" type="checkbox"/> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Control of Hands as a Vehicle of Contamination</b>			
<input checked="" type="checkbox"/> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>			
<input checked="" type="checkbox"/> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Protection from Contamination</b>			
<input checked="" type="checkbox"/> N N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	13. Returned / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<input checked="" type="checkbox"/> N N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/O N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/O N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/O N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Consumer Advisory</b>			
<input checked="" type="checkbox"/> N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Highly Susceptible Populations</b>			
<input checked="" type="checkbox"/> N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chemical</b>			
<input checked="" type="checkbox"/> N (N/A)	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conformance with Approved Procedures</b>			
<input checked="" type="checkbox"/> 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>S. Lord Potatoes</u>	<u>178</u>	<u>Mixed Vegetables</u>	<u>175</u>	<u>Old meat - stock</u>	<u>160</u>		
<u>Fish - Dura</u>	<u>190</u>	<u>Vegetable - Package</u>	<u>36</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 checked="" 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>Robyn Smith</u> (Print) <u>ROBYN SMITH</u> Title <u>ED</u> Date <u>6-6-14</u>	Follow-up: (Circle One) <u>Yes</u> No
Inspector (Signature) <u>Matt Hauer</u> (Print) <u>MATT HAUER</u> Date <u>6/6/14</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  
PHONE: 208-364-1962  
FAX: 208-364-1888

June 15, 2014

Robyn Smith, Administrator  
Emeritus At Highland Hills  
1501 Baldy Avenue  
Pocatello, Idaho 83201

Provider ID: RC-770

Ms. Smith:

An unannounced, on-site complaint investigation survey was conducted at Emeritus at Highland Hills between June 2, 2014 and June 6, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006390**

**Allegation #1:** The facility did not have sufficient staff in place to assist residents with activities of daily living and to answer call lights in a timely manner.

**Findings:** The facility was issued a deficiency at IDAPA 16.03.22.600.06.a for not scheduling sufficient staff to meet the residents' needs. The facility was required to submit evidence of resolution within 30 days.

**Allegation #2:** There was a strong urine odor throughout the facility.

**Findings:** From 6/2/14 to 6/6/14, there were no urine odors observed in the hallways or common areas of the facility. However, during a tour of residents' rooms on 6/2/14, there were two rooms identified with offensive odors.

Between 6/2/14 and 6/6/14, the administrator and several caregivers were interviewed. They stated both the residents, in the rooms identified with offensive odors, had dogs who were very old and had occasional accidents. They stated the carpets were shampooed frequently, but agreed the carpets might require additional cleaning.

Robyn Smith, Administrator  
June 15, 2014  
Page 2 of 2

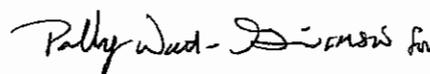
Unsubstantiated, as the odors were confined to the two rooms. However, the facility was provided technical assistance that additional cleaning was required in the two residents' rooms.

Allegation #3: Residents did not receive their medications as ordered.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.02 for residents receiving medications after they were discontinued. The facility was required to submit evidence of resolution within 30 days.

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,

  
DONNA HENSCHIED, LSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

DH/sc

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