



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

November 12, 2014

Virginia Thornley, Administrator  
Wynwood at Riverplace  
739 East Parkcenter Boulevard  
Boise, Idaho 83706

Provider ID: RC-401

Ms. Thornley:

On July 31, 2014, a state licensure/follow-up survey was conducted at Wynwood at Riverplace. 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 Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MAUREEN MCCANN, RN  
Team Leader  
Health Facility Surveyor

MM/sc

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



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P.O. Box 83720  
Boise, Idaho 83720-0009  
EMAIL: ralf@dhw.idaho.gov  
PHONE: 208-364-1962  
FAX: 208-364-1888

August 6, 2014

**CERTIFIED MAIL #: 7007 3020 0001 4050 8494**

Randal Barnes, Administrator  
Wynwood at Riverplace  
739 East Parkcenter Boulevard  
Boise, Idaho 83706

Mr. Barnes:

On July 31, 2014, a state licensure/follow-up survey was conducted by Department staff at Wynwood at Riverplace. The facility was cited with multiple repeat non-core issue deficiencies.

**PROVISIONAL LICENSE:**

As a result of the survey findings, a provisional license is being issued effective August 6, 2014. Please return the license currently held by Wynwood at Riverplace. The provisional license unless suspended or revoked, shall remain in place for a minimum of six months.

The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) gives the Department the authority to issue a provisional license:

***935. ENFORCEMENT REMEDY OF PROVISIONAL LICENSE.***

*A provisional license may be issued when a facility is cited with one (1) or more core issue deficiencies, or when non-core issues have not been corrected or become repeat deficiencies. The provisional license will state the conditions the facility must follow to continue to operate. See Subsections 900.04, 900.05 and 910.02 of these rules.*

The conditions 1- 4 of the provisional license are as follows:

**CONSULTANT:**

1. A licensed residential care administrator consultant, with at least three years' experience working as an administrator for a residential care or assisted living facility in Idaho, shall be obtained and paid for by the facility, and approved by the Department. This consultant must have an Idaho Residential Care Administrator's license and may not also be employed by the facility or the company that operates the facility. The purpose of the consultant is to assist the facility in identifying and implementing appropriate corrections for the deficiencies. Please provide a copy of the enclosed consultant report content requirements to the consultant. The consultant shall be allowed unlimited access to the facility's administrative, business

and resident records and to the facility staff, residents, their families and representatives. The name of the consultant with the person's qualifications shall be submitted to the Department for **approval no later than August 15, 2014.**

2. A weekly written report must be submitted by the Department-approved consultant to the Department commencing on **August 22, 2014.** The reports will address progress on correcting the non-core deficiencies identified on the punch list. When the consultant and the administrator agree the facility is in full compliance, they will notify the Department and request a follow-up survey be scheduled.

#### **EVIDENCE OF RESOLUTION:**

3. 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 following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) describes the requirements for submitting evidence that the non-core issue deficiencies have been resolved:

##### ***910. Non-core Issues Deficiency.***

***01. Evidence of Resolution.*** *Acceptable evidence of resolution as described in Subsection 130.09 of these rules, must be submitted by the facility to the Licensing and Survey Agency. If acceptable evidence of resolution is not submitted within sixty (60) days from when the facility was found to be out of compliance, the Department may impose enforcement actions as described in Subsection 910.02.a through 910.02.c of these rules.*

The sixteen (16) non-core issue deficiencies must be corrected and evidence (including but not limited to receipts, pictures, completed forms, records of training) must be submitted to this office by August 30, 2014

#### **CIVIL MONETARY PENALTIES**

4. Of the sixteen (16) non-core issue deficiencies identified on the punch list, twelve (12) were repeat punches. Of the repeat non-core deficiencies, three (3) deficiencies were cited on each of the last three previous surveys.

320.01 Facility failed to ensure residents were provided care specified in their NSA's. This deficiency was previously cited on 1/22/2014, 3/21/2013 and 5/1/2014.

350.02 The administrator did not investigate all incidents, accidents and complaints. This deficiency was previously cited on 1/22/2013, 3/21/2013 and 5/1/2014.

350.04 The administrator did not provide a written response to all complainants. This deficiency was previously cited on 1/22/2013, 3/21/2013 and 5/1/2014.

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

##### ***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). (Initial deficiency is eight dollars (\$8)).*

For the dates of May 2, 2014 through July 31, 2014:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	3	75	90	\$ 202,500

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 77 occupied beds at the time of the survey. Therefore, your maximum penalty is: \$10,800.

Send payment of \$10,800 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**

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.

**ADMINISTRATIVE REVIEW**

You may contest the provisional license, requirement for a consultant or civil monetary penalty by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, which states: **the request must be signed by the licensed administrator of the facility, identify the challenged decision, and state specifically the grounds for your contention that this decision is erroneous.** The request must be received **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 - DHW  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036**

Upon receipt of a written request that meets the requirements specified in IDAPA 16.05.03.300, an administrative review conference will be scheduled and conducted. The purpose of the conference is to clarify and attempt to resolve the issues. A written review decision will be sent to you within thirty (30) days of the date of the conclusion of the administrative review conference.

If the facility fails to file a request for administrative review within the time period, this decision shall become final.

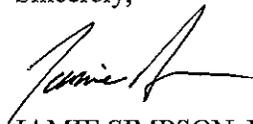
#### **FOLLOW-UP SURVEY**

An on-site, follow-up survey will be scheduled after the administrator and consultant submit a letter stating that all deficiencies have been corrected and systems are in place to assure the deficient practices remain corrected. If at the follow-up survey, non-core deficiencies have not been corrected or the facility has failed to abide by the conditions of the provisional license, the Department will take further enforcement action against the license held by Wynwood at Riverplace. Those enforcement actions will include one or more of the following:

- Revocation of the Facility License
- Summary Suspension of the Facility License
- Imposition of Temporary Management
- Limit or Ban on New Admissions
- Additional Civil Monetary Penalties

Division of Licensing and Certification staff is available to assist you in determining appropriate corrections and avoiding further enforcement actions. Please contact our office at (208) 364-1962 if we may be of assistance, or if you have any questions.

Sincerely,



JAMIE SIMPSON, MBA, QMRP  
Program Supervisor  
Residential Assisted Living Facility Program

JS/sc

Enclosure

cc: Medicaid Notification Group

Facility	License #	Physical Address	Phone Number
WYNWOOD AT RIVERPLACE	RC-401	739 EAST PARKCENTER BOULEVARD	(208) 338-5600
Administrator	City	ZIP Code	Survey Date
Randal Barnes	BOISE	83706	July 31, 2014
Survey Team Leader	Survey Type	RESPONSE DUE:	
Maureen McCann	Follow-up	August 30, 2014	
Administrator Signature	Date Signed		
	7-31-14		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EGR Accepted	Initials
1	215.01	The facility did not follow their policy regarding assessing and implementing interventions for residents who had cognitive impairment and were at risk for elopement.	11/4/14	lluc
2	250.14	The facility did not provide a secure interior and exterior environment for residents with cognitive impairments. ***previously cited 5/1/14***	11/4/14	lluc
3	260.06	The facility was not maintained in a clean and orderly manner such as: several rooms had dirty carpets, a public bathroom toilet was running, room 151 had feces on several areas of the bathroom floor and toilet and 3 rooms had strong urine odors. ***previously cited 5/1/14***	10/16/14	lluc
4	300.02	Medications were not given per physician's orders such as: Resident #7's Fentanyl patch, Resident #11's hospital discharge orders and Resident #12's Coumadin.	10/16/14	lluc
5	305.03	The facility RN did not assess Residents' changes of condition such as: Resident #2, #6, #10 and #11 wounds, and Resident #8's swollen wrist and skin tear. ***previously cited on 5/1/14***	10/16/14	lluc
6	305.04	The facility RN did not make recommendations to the administrator when the residents had changes in their health condition that required changes in their care needs. Such as, residents who had skin breakdown, post surgical discharge instructions and residents with increased care needs. *** previously cited 5/1/14***	10/16/14	lluc
7	310.04.e	Six month psychotropic medication reviews did not include behavioral updates to the physician for Resident #8. ***previously cited 5/1/14***	10/16/14	lluc
8	320.01	(A) NSAs were not implemented, for example: Resident #8 & #10's toileting assistance. (B) NSAs did not clearly describe residents care needs, such as: Resident #1's ability to self manage her insulin, Resident #6's transferring needs, Resident #8's discontinued home health services, Resident #10's skin care and Resident #11's supervision for eating, toileting and mobility needs. ***previously cited 1/22/13, 3/21/13 & 5/1/14***	10/16/14	lluc
9	350.02	The administrator did not investigate all incidents, accidents and complaints. ***previously cited 1/22/13, 3/21/13 & 5/1/14***		
10	350.04	The administrator did not provide a written response to all complainants. ***previously cited 1/22/13, 3/21/13 & 5/1/14***	10/16/14	lluc
11	630.02	Three of 10 staff did not have documented evidence of mental illness training. ***previously cited 5/1/14***	11/4/14	lluc
12	630.03	Two of 10 staff did not have documented evidence of developmental disability training. ***previously cited 5/1/14***	11/4/14	lluc
13	711.08	Care notes were not available for the month of June 2014, such as: notification of the facility nurse for residents' changes of condition, residents' refusals of care or when NSAs were not implemented.	11/4/14	lluc

