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

September 20, 2013

Amy Robinson, Administrator
Emeritus At Summer Wind
5955 Castle Drive
Boise, ID 83703

Dear Ms. Robinson:

An unannounced, on-site complaint investigation survey was conducted at Emeritus At Summer Wind between August 21, 2013 and August 23, 2013. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005876

Allegation #1: The facility staff did not provide assistance with eating for residents who were unable to feed themselves.

Findings #1: Insufficient evidence was available at the time of the investigation and in records reviewed to substantiate this allegation.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #2: Residents were not assisted with their toileting needs.

Findings #2: Insufficient evidence was available at the time of the investigation and in records reviewed to substantiate this allegation.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #3: Residents did not receive wound care as ordered by their physicians.

Findings #3: Insufficient evidence was available at the time of the investigation and in records reviewed to substantiate this allegation.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

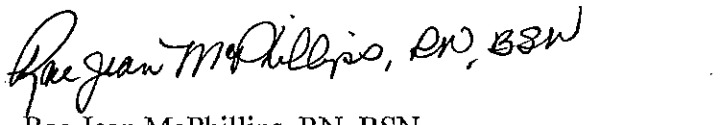
Allegation #4: Residents did not receive their medications as ordered.

Findings #4: Insufficient evidence was available at the time of the investigation and in records reviewed to substantiate this allegation.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,



Rae Jean McPhillips, RN, BSN
Health Facility Surveyor
Residential Assisted Living Facility Program

RJM/tfp

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