



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

October 9, 2014

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

Provider ID: RC-480

Ms. Robinson:

On September 3, 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

GLORIA KEATHLEY, LSW  
Team Leader  
Health Facility Surveyor

GK/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

September 9, 2014

**CERTIFIED MAIL #: 7007 3020 0001 4050 8562**

Amy Robinson, Administrator  
Emeritus at Summer Wind  
5955 Castle Drive  
Boise, Idaho 98121

Ms. Robinson:

An unannounced, on-site complaint investigation was conducted at Emeritus at Summer Wind between September 2, 2014 and September 3, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

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 three (3) 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 October 3, 2014.

**CIVIL MONETARY PENALTIES**

Of the three (3) non-core issue deficiencies identified on the punch list, two (2) were repeat punches. One (1) of the repeat deficiencies was cited on both of the two (2) previous surveys, 11/21/2013 and 3/14/2014.

**IDAPA 16.03.22.300.02 - The facility must assure that a licensed nurse is available to address changes in the resident's health or mental status and to review and implement new orders prescribed by the resident's health care provider.**

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 June 5, 2014 through September 3, 2014:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	1	59	90	\$ 53,100

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 59 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.

## ADMINISTRATIVE REVIEW

You may contest the 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.

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.

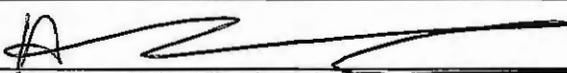
Sincerely,



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

JS/sc



Facility Emeritus at Summer Wind	License # RC-480	Physical Address 5955 CASTLE DRIVE	Phone Number (208) 331-1300
Administrator Amy Robinson	City BOISE	ZIP Code 83703	Survey Date September 3, 2014
Survey Team Leader Rachel Corey	Survey Type Complaint Investigation	RESPONSE DUE: October 3, 2014	
Administrator Signature 	Date Signed 9/3/14		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	300.02	The facility did not ensure medications were implemented as ordered: Resident #1 missed 5 doses of Synthroid and Resident #7's Coumadin was not given as ordered on two occasions in August 2014. ***Previously cited on 3/14/14 & 11/21/13***	10-8-14	gk
2	305.02	The facility did not ensure all medications were available for Resident #1 and Resident #7. ***Previously cited on 3/14/14***	10-8-14	gk
3	305.07	The facility RN did not review Resident #7's usage of Coumadin in August 2014 and notify the physician when two doses were not available.	10-8-14	gk
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September 9, 2014

Amy Robinson, Administrator  
Emeritus at Summer Wind  
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Provider ID: RC-480

Ms. Robinson:

An unannounced, on-site complaint investigation survey was conducted at Emeritus at Summer Wind between September 2, 2014 and September 3, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006437**

Allegation #1: The facility did not immediately report an allegation of abuse to adult protection.

Findings: Substantiated. However, the facility was not cited, as it was determined during a complaint investigation on 9/2/14 through 9/3/14, the facility reported the allegation as soon as the facility was made aware of the allegation. The facility responded appropriately by conducting an investigation of the situation, and holding an in-service with staff regarding abuse reporting and prevention. Three caregivers interviewed, confirmed they had been trained regarding abuse reporting and verbalized knowledge of the facility's abuse policy.

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,

RACHEL COREY, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

RC/sc

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



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September 9, 2014

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Provider ID: RC-480

Ms. Robinson:

An unannounced, on-site complaint investigation was conducted at Emeritus at Summer Wind between September 2, 2014 and September 3, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006491**

Allegation #1: The facility did not assist residents with their medications as ordered.

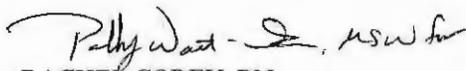
Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.300.02 and 305.02 for not assisting residents with medications as ordered, or having all medications available as ordered. The facility was required to submit evidence of resolution within 30 days.

The facility is required to resolve the practice(s) identified in our findings. We will continue to monitor the progress of the facility.

Thank you for bringing these concerns to our attention. If you have any questions, or if we can assist you further, please do not hesitate to call us at (208) 364-1962.

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,

  
RACHEL COREY, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

RC/sc



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An unannounced, on-site complaint investigation survey was conducted at Emeritus at Summer Wind between September 2, 2014 and September 3, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00006630**

Allegation #1: A resident was held against her will at the facility and not allowed access to the community.

Findings: Unsubstantiated.

Allegation #2: Residents were not allowed calls from families.

Findings: Unsubstantiated.

Allegation #3: The facility does not offer activities.

Findings: Unsubstantiated.

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,

RACHEL COREY, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

RC/sc