



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: 208-334-8628
FAX: 208-364-1888

November 14, 2013

Amber Moore, Administrator
Emeritus at Ridge Wind
4080 Hawthorne Road
Chubbuck, ID 83202

License #: Rc-772

Dear Ms. Moore:

On October 10, 2013, a complaint investigation survey was conducted at Emeritus Corporation - Emeritus At Ridge Wind. As a result of that survey, a deficient practices was found. The deficiency was cited at the following level:

- 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 and implement a monitoring system to make certain the deficient practice does not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Karen Anderson, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Karen Anderson, RN

Karen Anderson, RN
Team Leader
Health Facility Surveyor

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



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October 23, 2013

Amber Moore, Administrator
Emeritus at Ridge Wind
4080 Hawthorne Road
Chubbuck, ID 83202

Dear Ms. Moore:

An unannounced, on-site complaint investigation survey was conducted at Emeritus At Ridge Wind on October 10, 2013. At that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005934

Allegation #1: The facility did not notify Licensing and Certification within three days when there was a change of administrators.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.215.13 for not notifying Licensing and Certification of a change of administrators within three days. The facility was required to submit evidence of resolution within 30 days.

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, on **October 10, 2013**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

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,

Karen Anderson, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

KA/ftp

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



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October 22, 2013

Amber Moore, Administrator
Emeritus at Ridge Wind
4080 Hawthorne Road
Chubbuck, ID 83202

Dear Ms. Moore:

An unannounced, on-site complaint investigation survey was conducted at Emeritus at Ridge Wind on October 10, 2013. At that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005963

Allegation #1: Residents were given inappropriate emergency discharges.

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

Unsubstantiated.

Allegation #2: Residents were not given their belongings upon discharge.

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.

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,

Karen Anderson, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

KA/TFP

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

