



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

January 6, 2014

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

License #: RC-480

Dear Ms. Robinson:

On November 21, 2013, a Complaint Investigation survey 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 are 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, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

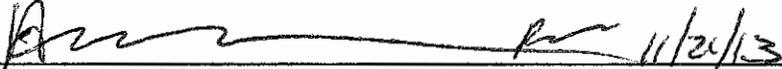
Sincerely,

Maureen McCann, RN
Team Leader
Health Facility Surveyor

MMC/mmc

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



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 November 21, 2013
Survey Team Leader Maureen McCann	Survey Type Complaint Investigation	RESPONSE DUE: December 21, 2013	
Administrator Signature	Date Signed		
 11/21/13			

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	300.02	Resident #1 and #5 did not receive their medications as ordered by their physicians.	1/6/14	MMc
2	350.02	The administrator did not document an investigation on all incidents and accidents within 30 days. ****Previously cited on 5/3/12****	1/6/14	MMc
3	350.04	The administrator did not provide a written response to complainants within 30 days. ****Previously cited on 5/3/12****	1/6/14	MMc
4	600.06	The facility did not schedule sufficient personnel during all hours to provide for residents' health, comfort and supervision, such as: at times, call lights were not answered for at least 30 minutes, meals were not served for at least 65 minutes and residents' medications were not assisted with per residents' request and in a timely manner.	1/6/14	MMc
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December 6, 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 November 20, 2013 and November 21, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006197

- Allegation #1:** The facility did not schedule sufficient personnel during all hours to provide for residents' health, comfort and supervision.
- Findings #1:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06 for not scheduling sufficient personnel at all times, such as when, call lights were not answered for at least 30 minutes, meals were not served for at least 65 minutes and residents' medications were not assisted with per residents' requests and/or in a timely manner. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2:** The facility did not act appropriately when several residents became ill resulting in them being sent to the hospital on 9/6/13.
- Findings #2:** On 11/20/13, the facility's records, including the admission and discharge register, incident reports, complaint log and residents' records were reviewed. There was no documentation any residents, besides the identified resident, had fallen ill on 9/6/13. Further, there was no documentation any residents, besides the identified resident had fallen ill or had to be sent to the hospital due to illness for 4 days prior to or after 9/6/13. A random resident was sent to the hospital on 9/8/13, after experiencing a fall.

Amy Robinson, Administrator
December 6, 2013
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Between 11/20/13 and 11/21/13, the administrator, the nurse, three staff and three residents stated they did not recall several residents being ill and/or being sent to the hospital after falling ill, in September of 2013.

Unsubstantiated.

Allegation #3: The administrator did not respond to complainants, in writing and within 30 days.

Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for the administrator not responding to complainants, in writing and within 30 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 **November 21, 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,



Maureen McCann, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MMC/mmc

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



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Boise, ID 83703

Dear Ms. Robinson:

An unannounced, on-site complaint investigation survey was conducted at Emeritus at Summer Wind between November 20, 2013 and November 21, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006261

Allegation #1: Residents did not receive their medications as ordered by their physicians.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.300.02 for residents not receiving their medications as ordered by their physicians. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: Unlicensed personnel pre-poured multiple residents' medications.

Findings #2: On 11/20/13 and 11/21/13, the facility administrator, the facility nurse, 3 staff and 12 residents stated, they had never observed staff pre-pouring residents' medications.

On 11/20/13 and 11/21/13, caregivers were observed assisting the residents with their medications. Staff were not observed pre-pouring residents' medications.

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

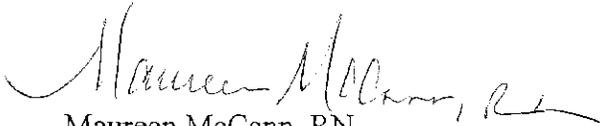
Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which

Amy Robinson, Administrator
December 6, 2013
Page 2 of #2

was reviewed and left with you during the exit conference, on **November 21, 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,



Maureen McCann, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

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