GUIDELINES FOR VARIANCE FOR ADMINISTRATOR OVER MORE THAN ONE FACILITY

1. The request for a variance must include a high level plan of operation (Idaho Code 39-3321);**and**

2. The administrator is to sign and return the attached attestation; **and**

3. The administrator holds a full current residential care administrators license from the Idaho Bureau of Occupational Licensing; **and**

4. The facilities are not located more than fifty (50) miles from the city in which the licensedadministrator resides; **and**

5. The total number of beds, for which the variance is requested, does not exceed eighty (80) **and**

6. Each facility has had at least two (2) consecutive surveys, excluding follow-up surveys, without a core issue deficiency; **and**

7. Each facility has corrected, and sustained correction, of non-core issue deficiencies cited on previous surveys; **and**

8. All facilities, for which the variance is requested, are occupied by residents.

Print Form

Attestion for one administrator over more than one residential care or assisted living facility

I, (Insert Name of Licensed Residential Care Administrator for which the variance is being requested)

understand that I am responsible for the day to day operation, assuring that the care and services provided to residents are in compliance with the rules and standards for residential care or assisted living facilities (IDAPA 16.03.22), of (Insert Names of Residential Care or Assisted Living Facilities for which the variance is being requested

Facility

Facility

Facility

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Facility

In addition I understand that, if the variance is granted by the Bureau of Facility Standards, the variance is good only for the above named facilities and me as the identified licensed residential care administrator.

I also understand that if a facility, identified above, is issued a core level deficiency or if a facility fails to correct and sustain correction of a non-core issue deficiency the variance will be revoked and I will be referred to the Idaho Board of Occupational Licensing for investigation of my performance as a licensed residential care administrator.

Date

Signature

Type your full legal name: