IDAHO DEPARTMENT OF
HEALTH & WELFARE

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FILE COPY

July 20, 2006

Renee Brennan, Administrator
Emerson House At River Pointe, LLC
8250 West Marigold
Garden City, ID 83714

Dear Ms. Brennan:

Congratulations to both you and your staff on your recent deficiency-free survey. In today's world with numerous regulations, it is indeed impressive to see a facility functioning as a team at this level.

Continuing to meet the needs of your residents – while meeting the administrative needs of your business – is a daily commitment to quality ongoing assessment, service planning, and consistent provision of services to each and every resident. The greater challenge is, of course, to be able to work as a team to provide this high level of caring and service day after day, week after week, year after year.

Again, **Congratulations** to you and your staff for a job well done. I challenge you to keep this same high standard.

Sincerely,

Debra Ransom

DEBRA RANSOM, R.N., R.H.I.T.
Chief
Bureau of Facility Standards

DR/slc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R725	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 07/11/2006
NAME OF PROVIDER OR SUPPLIER EMERSON HOUSE AT RIVER POINTE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8250 W MARIGOLD BOISE, ID 83714		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No deficiencies were cited during the standard survey conducted on 7/11/06. The surveyors conducting the standard survey were: Rae Jean McPhillips, RN, BSN Team Leader Health Facility Surveyor Rebecca Winter, RN Health Facility Surveyor Jamie Simpson, BS, QMRP, MBA Residential Community Care Supervisor	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE