IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

August 1, 2006

FILE COPY

Dorothy Jones, Administrator
The Courtyard On Division By Beehive
2100 Sherman Avenue
Coeur D'Alene, ID 83814

License #: RC-853

Dear Ms. Jones:

On June 13, 2006, a initial licensure survey was conducted at Courtyard On Division By Beehive, The - Silver Valley Beehive Homes, Llc. 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.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Rae Jean McPhillips, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

Rae Jean McPhillips RN BSN

RAE JEAN MCPHILLIPS
Team Leader
Health Facility Surveyor
Residential/Assisted Living Program

RM/ slc

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June 27, 2006

Pat Coffey, Administrator
Courtyard On Division By Beehive
2100 Sherman Avenue
Coeur D'Alene, ID 83814

Dear Ms. Coffey:

On June 13, 2006, a initial licensure surveywas conducted at Courtyard On Division By Beehive, The - Silver Valley Beehive Homes, Llc. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

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. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by July 13, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

VIRGINIA LOPER, R.N.
Supervisor
Residential Community Care Program

VL/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	13R853		06/13/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD ON DIVISION BY BEEHIVE, THE	208 SOUTH DIVISION STREET SAINT MARIES, ID 83861

(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 or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the initial survey conducted on June 13, 2006. The surveyors conducting the initial survey were: Rae Jean McPhillips, RN Team Leader Health Facility Surveyor Debbie Sholley, LSW Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
The Courtyard on Division - Beehive	208 S. Division	682-9170
Administrator	**City**	**ZIP Code**
Pat Coffey	Pinehurst	83861
Survey Team Leader	**Survey Type**	**Survey Date**
Rae Jean McPhillips	Intial	6/13/06

RECEIVED
JUL 10 2006
FACILITY STANDARDS

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.305.02	There was no current medication orders in records #1 done	RM
2	16.03.22.305.03	Not all residents had nursing assessments #1 + 4 work on	RM
3	16.03.22.625.01	There was no documentation of orientation Hours	Rules Corrected 7/12/06
4	16.03.22.630.	Did Not receive specialized Training in Dementia, Developmental Disability + Traumatic Brain injury	RM
5	16.03.22.650.01	UAI Was not developed for Resident #1 + 2 work on	RM
6	16.03.22.157.02	There was no policy on how the Nurse would perform Delegation to staff. Nancy daily	RM
7	16.03.22.730.01.g	Not all caregivers had documentation of criminal History Checks. ✓	RM

Thank you!
Nancy L. Berger RN

Response Required Date	Signature of Facility Representative
7/13/06	Pat Coffey