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

FILE COPY

August 4, 2006

Linda Vestal, Administrator
Guardian Angel Homes Lewiston I LLC
2221 Vineyard Avenue
Lewiston, ID 83501

License #: Rc-806

Dear Ms. Vestal:

On June 29, 2006, a state licensure survey was conducted at Guardian Angel Homes Lewiston I 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 Polly Watt-Geier, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

Polly Watt-Geier, LSW

POLLY WATT-GEIER, LSW
Team Leader
Health Facility Surveyor
Residential Care/Assisted Living Program

PWG/slc

c: Jamie Simpson, BS, QRMP, MBA, Supervisor, Residential Community Care Program

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FILE COPY

July 13, 2006

Linda Vestal, Administrator
Guardian Angel Homes Lewiston I LLC
2221 Vineyard Avenue
Lewiston, ID 83501

Dear Ms. Vestal:

On June 29, 2006, a state licensure survey was conducted at Guardian Angel Homes Lewiston I 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 29, 2006.

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

Sincerely,

Virginia Lopez for

JAMIE SIMPSON
Supervisor
Residential Community Care Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R806	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 06/29/2006
NAME OF PROVIDER OR SUPPLIER GUARDIAN ANGEL HOMES LEWISTON I LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2221 VINEYARD AVENUE LEWISTON, ID 83501		

(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 standard survey conducted on June 29, 2006. The surveyors conducting the standard survey were: Polly Watt-Geier, LSW Team Leader Health Facility Surveyor Patrick Hendrickson, RN Health Facility Surveyor Frutoso Gonzalez, RN Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

ASSISTEL _IVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Guardian Angel Homes Lawiston I LLC	2425 Vineyard Avenue	743-6500
Administrator	**City**	**ZIP Code**
Linda Uestal	Lewiston	83501
Survey Team Leader	**Survey Type**	**Survey Date**
Polly Watt-Geier	Standard	6-29-06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.310.01.a	Medications will be kept in a locked area.	
2	16.03.22.620	The Facility did not maintain signed evidence of personnel orientation training indicating hours and topics	
3	16.03.22.640	The Facility did not assure each employee received a minimum of 8 hours of job related continuing training	

Response Required Date	Signature of Facility Representative
7/29/06	