IDAHO DEPARTMENT OF
HEALTH & WELFARE

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August 8, 2006

FILE COPY

Joy Dunlap, Administrator
Pleasant Valley Shelter Home
1911 17th Ave
Lewiston, ID 83501

Dear Ms. Dunlap:

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - ENTIRE BUILDING** B. WING _____	(X3) DATE SURVEY COMPLETED
	13R226		**07/25/2006**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT VALLEY SHELTER HOME	**1911 17TH AVE** **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
R9999	Initial Comments The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on July 25, 2006. The surveyor conducting the survey was: Eric Mundell REHS Team Leader Health Facility Surveyor Keith Barkow Health Facility Surveyor	R9999		

Bureau of Facility Standards

TITLE (X6) DATE

LAF ATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE