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 7, 2006

Ryan Rasmussen, Administrator
Turtle & Crane Alc - Niguel Management, LLC
1950 First Street
Idaho Falls, ID 83401

License #: Rc-857

Dear Mr. Rasmussen:

On June 15, 2006, a state licensure survey was conducted at Turtle & Crane ALC - Niguel Management, 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 Rebecca Winter, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

Rebecca Winter

REBECCA WINTER
Team Leader
Health Facility Surveyor
Residential Assited LivingProgram

RW/slc

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

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July 7, 2006

FILE COPY

Ryan Rasmussen, Administrator
Turtle & Crane AL - Niguel Management, LLC
1950 First Street
Idaho Falls, ID 83401

Dear Mr. Rasmussen:

On June 15, 2006, a state licensure survey was conducted at Turtle & Crane AL - Niguel Management, 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 21, 2006.

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

Sincerely,

Virginia Loper RN

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: 13R857	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 06/15/2006
NAME OF PROVIDER OR SUPPLIER TURTLE & CRANE ALC - NIGUEL MANAGEME	STREET ADDRESS, CITY, STATE, ZIP CODE 1950 FIRST STREET IDAHO FALLS, ID 83401		

(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 15, 2006. The surveyors conducting the initial survey were: Rebecca Winter, RN Team Leader Health Facility Surveyor Polly Watt-Geier, 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
Turtle and Crane	1950 E. 1st St.	(208) 522-8786
Administrator	**City**	**ZIP Code**
Rejan Rasmussen	Idaho Falls	83401
Survey Team Leader	**Survey Type**	**Survey Date**
Rebecca Winter, RN	Initial Survey	6/15/06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.300.01	The facility's RN did not complete a written assessment on Resident #7.	
2	16.03.22.305.02	The facility RN did not assure the residents medication orders were current for residents #3, #4.	
3	16.03.22.305.06	The facility RN did not conduct an initial nursing assessment to determine if Resident #7 could safely self-administer her eye drops	
4	16.03.22.711.09	The facility did not maintain a current list of medications and treatment and diet prescribed for Residents #3 and #4 which was signed and dated by a physician.	
5	16.03.22.711.11	The facility did not document medications that were refused, not given, or not taken by Residents #1, #2, #3, #4, #6, and #7	
6	16.03.22.725.01	The facility did not maintain an admission and discharge register for each resident in the facility.	

Response Required Date	Signature of Facility Representative
7/15/06	Rejan Rasmussen