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

September 14, 2006

FILE COPY

Lisa Cahill, Administrator
Hettinger Living Center
PO Box 1016
Boise, ID 83701

License #: RC-238

Dear Ms. Cahill:

On August 2, 2006, a survey was conducted at Hettinger Living Center. 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, R.N., Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

Karen McDonnell, RN for

RAE JEAN MCPHILLIPS, R.N.
Team Leader
Health Facility Surveyor
Residential Community Care Program

RM/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program

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 16, 2006

FILE COPY

Lisa Cahill, Administrator
Hettinger Living Center
Po Box 1016
Boise, ID 83701

Dear Ms. Cahill:

On August 2, 2006, a State Licensure survey was conducted at Hettinger Living Center. 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 September 1, 2006.

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

Sincerely,

Virginia Lopez for

JAMIE SIMPSON, BS, QRMP, MBA
Supervisor
Residential Care Assisted Liviing Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R238	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 08/02/2006
NAME OF PROVIDER OR SUPPLIER HETTINGER LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 217 RUBY ST BOISE, ID 83705		

(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 core issue deficiencies were cited during the standard survey conducted on 8/2/06. The surveyors conducting the standard survey were: Rae Jean McPhillips, BSN, RN Team Leader Health Facility Surveyor Karen McDannel, RN 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
Hettinger Living Center	217 Ruby St	208 345-
Administrator	**City**	**ZIP Code**
Lisa Cahill	Boise	83709
Survey Team Leader	**Survey Type**	**Survey Date**
Rae Jean McPhillips RN	Standard Survey	8/2/06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	1603.22.250.1	There was no call system in place.	

Response Required Date	Signature of Facility Representative
9/2/06	Heather-Skye Brady