



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER -- GOVERNOR
RICHARD M. ARMSTRONG -- DIRECTOR

TAMARA PRISOCK -- ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON -- PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

February 12, 2015

Kersten McDonald, Administrator
Luther Park at Sandpoint
510 South Olive Avenue
Sandpoint, Idaho 83864

Provider ID: RC-953

Ms. McDonald:

On January 6, 2015, a state licensure/follow-up survey was conducted at Luther Park at Sandpoint, 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.

Your submitted evidence of resolution is being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor

DH/sc

cc: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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January 13, 2015

Kersten McDonald, Administrator
Luther Park at Sandpoint
510 South Olive Avenue
Sandpoint, Idaho 83864

Provider ID: RC-953

Ms. McDonald:

On January 6, 2015, a follow-up visit to the state licensure/follow-up survey of August 21, 2014, was conducted at Luther Park at Sandpoint, LLC. The core issue deficiencies issued as a result of the August 21, 2014, survey have been corrected.

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 evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 5, 2015.

Should you have questions, please contact me at (208) 364-1962.

Sincerely,

DONNA HENSCHIED, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/sc

