



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

July 1, 2015

Dionne Bullock, Administrator
Rosetta Assisted Living - Hiland
1919 Hiland
Burley, Idaho 83318

Provider ID: RC-694

Ms. Bullock:

On February 20, 2015, a complaint investigation was conducted at Rosetta Assisted Living - Hiland. 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 Karen Anderson, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

KAREN ANDERSON, RN
Team Leader
Health Facility Surveyor

KA/sc

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



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March 6, 2015

Ashley Tallon, Administrator
Rosetta Assisted Living - Hiland
1919 Hiland
Burley, Idaho 83318

Provider ID: RC-694

Ms. Tallon:

An unannounced, on-site complaint investigation survey was conducted at Rosetta Assisted Living - Hiland between February 12, 2015 and February 20, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006598

Allegation: The Licensee had a third party operator to manage the day to day operations of the facility.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.100.07 for allowing (Cross Healthcare) to assume management of the day to day operations to include, directly supervising the administrator, hiring and firing of employees and approval of resident discharges. The facility was required to submit evidence of resolution within 30 days.

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, on **February 20, 2015**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

Karen Anderson, RN

KAREN ANDERSON, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

KA/sc



Facility Rosetta Assisted Living - Hiland	License # RC-694	Physical Address 1919 Hiland	Phone Number (208) 677-5451
Administrator Ashley Tallon	City Burley	ZIP Code 83318	Survey Date February 20, 2015
Survey Team Leader Karen Anderson	Survey Type Complaint Investigation	RESPONSE DUE: March 22, 2015	
Administrator Signature	Date Signed		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	100.07	The licensee, Americare LLC, doing business as Rosetta Assisted Living allowed a third party operator, (Cross Healthcare) owned by Ryan Rasmussen and Zach Sutton, that was not licensed to do so, assume management of the day to day operations including; directly supervising the administrator, hiring and firing of employees and approval of resident discharges.	6/23/15	KA
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