



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

Anna Capell, Administrator
Bridge at Post Falls
515 North Garden Plaza Court
Post Falls, Idaho 83854

Provider ID: RC-976

Ms. Capell:

On May 11, 2015, a state licensure/follow-up/revisit survey was conducted at The Bridge at Post Falls. 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 Rae Jean McPhillips, RN, BSN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

RAE JEAN MCPHILLIPS, RN, BSN
Team Leader
Health Facility Surveyor

RM/sc

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



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May 18, 2015

Anna Capell, Administrator
Bridge at Post Falls
515 North Garden Plaza Court
Post Falls, Idaho 83854

Provider ID: RC-976

Ms. Capell:

On May 11, 2015, a follow-up visit to the state licensure survey survey of June 20, 2014, was conducted at Post Falls Retirement LLC - dba - The Bridge at Post Falls. The core issue deficiencies issued as a result of the June 20, 2014, survey have been corrected.

- The conditions of your provisional license have been met. Your full license has been restored and a new certificate enclosed.
- The ban on resident admissions is lifted. You may resume admitting new residents to the facility.
- You are no longer required to retain your consultant. No further consultant reports are required.

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 June 10, 2015.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Simpson', written over a horizontal line.

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/sc



Facility BRIDGE AT POST FALLS, THE	License # RC-976	Physical Address 515 NORTH GARDEN PLAZA COURT	Phone Number (208) 773-3701
Administrator Anna Capell	City POST FALLS	ZIP Code 83854	Survey Date May 11, 2015
Survey Team Leader Rae Jean McPhillips, BSN	Survey Type Follow-up	RESPONSE DUE: June 10, 2015	
Date Signed			
<i>Anna Capell, AL Manager</i>		<i>5/11/2015</i>	

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	225.01	The facility did not evaluate Resident #11's behaviors.	<i>6/23/15</i>	<i>Rm</i>
2	225.02	The facility did not develop specific interventions for Resident #11's behaviors.	<i>6/23/15</i>	<i>Rm</i>
3	250.14	The facility did not provide a secure interior or exterior environment for residents with cognitive impairment.	<i>6/23/15</i>	<i>Rm</i>
4	310.04.a	The facility utilized psychotropic medications prior to non-drug interventions.	<i>6/23/15</i>	<i>Rm</i>
5	711.01	The facility did not track Resident #11's behaviors.	<i>6/23/15</i>	<i>Rm</i>
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