



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

January 20, 2016

Bridget Kosinski, Administrator
Sylvan House
660 West Honeysuckle Avenue
Hayden, Idaho 83835

Provider ID: RC-1054

Ms. Kosinski:

On October 23, 2015, a complaint investigation was conducted at Sylvan House. 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 Lisa Bennett, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Lisa Bennett, RN
Team Leader
Health Facility Surveyor

LB/sc

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



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November 03, 2015

Bridget Kosinski, Administrator
Sylvan House
660 West Honeysuckle Avenue
Hayden, Idaho 83835

Provider ID: RC-1054

Ms. Kosinski:

An unannounced, on-site complaint investigation was conducted at Sylvan House on October 23, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Allegation: The facility nurse did not assess residents' change in condition.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22 305.03 for the facility nurse failing to document residents' changes in condition. The facility was required to submit evidence of resolution with in 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 October 23, 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,

Lisa Bennett, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

LB/sc

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



Facility SYLVAN HOUSE	License # RC-524	Physical Address 660 WEST HONEYSUCKLE AVENUE	Phone Number (208) 762-4097
Administrator Bridgett Kosinski	City HAYDEN	ZIP Code 83835	Survey Date October 23, 2015
Survey Team Leader Lisa Bennett	Survey Type Complaint Investigation	RESPONSE DUE: November 22, 2015	
Administrator Signature 	Date Signed 10/23/15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	305.03	The facility nurse did not document residents' change of condition, such as, before and after hospital visits.	12-28-15	LB
2	711.08.e	Staff did not document when they notified the facility nurse of a change of condition.	1-11-16	LB
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