

HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-5747 FAX: (208) 364-1811

June 18, 2007

Adi Mihalache, Administrator Rampart Home Assisted Living 3824 N Rampart Street Boise, ID 83704

Dear Mr. Mihalache:

Congratulations to both you and your staff on your recent deficiency-free survey. In today's world with numerous regulations, it is indeed impressive to see a facility functioning as a team at this level.

Continuing to meet the needs of your residents – while meeting the administrative needs of your business – is a daily commitment to quality ongoing assessment, service planning, and consistent provision of services to each and every resident. The greater challenge is, of course, to be able to work as a team to provide this high level of caring and service day after day, week after week, year after year.

Again, Congratulations to you and your staff for a job well done. I challenge you to keep this same high standard.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Community Care Program

JS/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		13R867			B. WING		05/30/2007	
NAME OF PROVIDER OR SUPPLIER					STATE, ZIP CODE			
RAMPAR	T HOME ASSISTED	LIVING	3824 N RAMPART STREET BOISE, ID 83704					
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	(X5) COMPLETE DATE		
R 000 Initial Comments				R 000				
	Facilities in Idaho. were cited during the conducted at your state.	veyor , RN	encies survey s					
Bureau of Fa	cility Standards							
TITLE (X6) DATE								

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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