



IDAHO DEPARTMENT OF  
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

October 26, 2007

Sarah Call, Administrator  
Rosetta Assisted Living-Delphic  
1970 East 17th Street #103  
Idaho Falls, ID 83404

License #: RC-693

Dear Ms. Call:

On September 20, 2007, a complaint investigation, follow-up/revisit, state licensure survey was conducted at Rosetta Assisted Living - Delphic. 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.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Sydnie Braithwaite, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

SYDNIE BRAITHWAITE, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

SB/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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October 5, 2007

Sarah Call, Administrator  
Rosetta Assisted Living - Delphic  
1970 East 17th Street #103  
Idaho Falls, ID 83404

Dear Ms. Call:

On September 20, 2007, a follow-up visit to the State Licensure Survey survey of June 29, 2007, was conducted at Rosetta Assisted Living - Delphic. The core issue deficiencies issued as a result of the June 29, 2007, 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 October 20, 2007.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Community Care Program

JS/sc

c: Paula Gilbert, RN, Program Manager, Regional Medicaid Services, Region VI – DHW



Facility Name <i>Rosetta Assisted Living / Delphi</i>	Physical Address <i>1590 Delphi Way</i>	Phone Number <i>208-238-9215</i>
Administrator <i>Sarah Call</i>	City <i>Pocatello</i>	ZIP Code <i>83204</i>
Survey Team Leader <i>Sylvie Braithwaite RN</i>	Survey Type <i>Follow-up</i>	Survey Date <i>9/20/07</i>

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	305.02	The facility nurse did not verify that a newly-admitted resident (Resident #3) had all her medications available on her day of admission. The facility nurse did not ensure that Resident #4 had Tylenol available in the facility as ordered by the physician.	10/17/07	SB 10/24/07
2	310.04.e	The facility did not provide behavior updates to the physician to help facilitate an informed decision on the continuing use of psychotropic medication.	10/17/07	SB 10/24/07

Response Required Date <i>10/20/07</i>	Signature of Facility Representative <i>Sarah Call</i>	Date Signed <i>9/20/07</i>
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