

VARIANCE REQUEST FOR ADMINISTRATOR OVER MORE THAN ONE FACILITY

PLEASE ANSWER THE FOLLOWING:

1. Idaho Residential Care Administrator's License number (RCA #) and expiration:

2. Facilities may not be located more than fifty (50) miles from the city in which the licensed administrator resides. Please state the mileage between your city of residence and each facility: _____

3. Each applicable facility has not received a core issue deficiency within the past two years; acknowledge that you have reviewed prior survey findings and a core issue deficiency was not issued in the last two years ____ (Y/N).
4. Acknowledge that each facility has corrected and sustained correction of non-core issue deficiencies cited on previous surveys _____(Y/N).
5. The total number of bed for which the variance is requested can not exceed eighty (80). State the total number of beds for which the variance is requested _____.
6. The request for a variance must include a high level plan of operation (Idaho Code 39-3321). Please attach to this form the following:
 - a. An organizational chart
 - b. A description of the lines of authority
 - c. A description of responsibility for supervision and notification when the administrator is not in the building.
7. The administrator is to sign and return the attestation form.
(Please attach the completed Attestation form to this request.)