

C.L. "BUTCH" OTTER - GOVERNOR RICHARD M. ARMSTRONG - DIRECTOR LESLIE M. CLEMENT—DEPUTY DIRECTOR LICENSING AND CERTIFICATION P.O. Box 83720 Boise, Idaho 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

March 5, 2012

Erika Schreiber, Administrator Creekside Inn Assisted Living Alzheimer's Community 240 East Kathleen Avenue Coeur D'Alene, ID 83814

Dear Ms. Schreiber:

An unannounced, on-site complaint investigation survey was conducted at Creekside Inn Assisted Living Alzheimer's Community on March 2, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005170

Allegation #1: An employee did not submit fingerprints for a criminal history background check within 21 days of being hired.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.009.04, for an employee not submitting fingerprints for a criminal history background check within 21 days of being hired. The facility was required to submit evidence of resolution within 30 days.

Please bear in mind that 2 non-core issue deficiencies were identified on the punch list and 1 was identified as a repeat punch. As explained during the exit conference, the completed punch list form and accompanying evidence of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than April 1, 2012

If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, or on a subsequent survey visit, it is determined that any of these deficiencies still exist, the Department will have no alternative but to initiate the enforcement of civil monetary penalties, as described in IDAPA 16.03.22.910.02 and IDAPA 16.03.22.925.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

Erika Schreiber, Administrator March 5, 2012 Page 2 of #2

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to the Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626. Thank you for your continued participation in the Idaho residential care assisted living facility (RALF) program.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Program Supervisor

Residential Assisted Living Facility Program



C.L. "BUTCH" OTTER - GOVERNOR RICHARD M. ARMSTRONG - DIRECTOR LESLIE M. CLEMENT—DEPUTY DIRECTOR LICENSING AND CERTIFICATION P.O. Box 83720 Boise, Idaho 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

March 5, 2012

Erika Schreiber, Administrator Creekside Inn Assisted Living Alzheimer's Community 240 East Kathleen Avenue Coeur D'Alene, ID 83814

Dear Ms. Schreiber:

An unannounced, on-site complaint investigation survey was conducted at Creekside Inn Assisted Living Alzheimer's Community on March 2, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005403

Allegation #1: The facility used a 3 week menu cycle instead of a 4 to 5 week cycle.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.451.05.a, for not implementing the required 4 to 5 week menu cycle. The facility was required to submit evidence of resolution within 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 03/02/2012. 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) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

Health Facility Surveyor

Residential Assisted Living Facility Program

C.L. "BUTCH" OTTER - GOVERNOR RICHARD M. ARMSTRONG - DIRECTOR

LESLIE M. CLEMENT—DEPUTY DIRECTOR LICENSING AND CERTIFICATION P.O. Box 83720 Boise, Idaho 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

March 19, 2012

Erika Schreiber, Administrator Creekside Inn Assisted Living Alzheimer's Community 240 East Kathleen Avenue Coeur D'Alene, ID 83814

License #: RC-954

Dear Ms. Schreiber:

On March 2, 2012, a Complaint Investigation was conducted at Creekside Inn Assisted Living Alzheimer's Community. 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 Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Maureen McCann, RN

Team Leader

Health Facility Surveyor

Residential Assisted Living Facility Program



MEDICAID L & C - RALF PROGRAM P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

Facility	Name		Physical Address	Phone Numi	ber	
Creeksede In 240 E. Kathleen Ave 30				308	8-665-2444	
Administrator City ZIP Code					SE 9 7	
Erika Schruber			Coeur D'alene	83814		
Survey	Team Leader	000	Survey Type	Survey Date		
	1 James	- MCCr	Complaint investication	3/0	7/12	
NON-CORE ISSUES						
ITEM #	RULE # 16.03.22		DESCRIPTION		DATE RESOLVED	L & C USE
1	009.04	an employee ded no	+ submit finier siends for a		3/19/12 Mue	
576	= · · · /.		ackground objects lighten 21	dans		
		of here.	O xxhavar fu	CH YSX	3/p/12/11/C	,
2	451.05.0	the highly did not	have 24to 5 week lycle me	ne	17 7	
-		indliner led curren	She.			
			1948-1948			
			N. Welling Mer.			
B	- Did D	Circulate Colf See The Bernard Colf			D. f. O'.	
Response Required Date		Signature of Facility Representative			Date Signed	12