



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) 334-6626
FAX: (208) 364-1888

June 3, 2011

Julie Tastad, Administrator
Creekside Inn Assisted Living
240 East Kathleen Avenue
Coeur D'Alene, ID 83814

License #: RC-954

Dear Ms. Tastad:

On April 26, 2011, a Follow-Up Licensure survey 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:

- 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 plan of correction and evidence of resolution.

Should you have questions, please contact Donna Henscheid, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Donna Henscheid
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program



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May 6, 2011

Julie Tastad, Administrator
Creekside Inn Assisted Living Alzheimer's Community
Creekside Inn Al Alzheimer's Community
111 Market Street Ne, Suite 200
Olympia, WA 98501

Dear Ms. Tastad:

On April 26, 2011, a follow-up visit to the Licensure and Complaint Survey of 01/13/2011, was conducted at Creekside Inn Assisted Living Alzheimer's Community. The core issue deficiencies issued as a result of the 01/13/2011, 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 May 26, 2011.

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

Sincerely,

Donna Henscheid, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program



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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

May 24, 2011 5:11 PM

Facility Name <i>Creekside Assisted Living</i>	Physical Address <i>240 E. Kathleen Ave</i>	Phone Number <i>208-665-2444</i>
Administrator <i>Julie Suted</i>	City <i>Coeur d'Alene</i>	ZIP Code <i>83815</i>
Survey Team Leader <i>Donna Henschel</i>	Survey Type <i>Follow up</i>	Survey Date <i>4/26/11</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	280.02	The admission agreement did not include a process for contesting charges or the facility's policy regarding residents transitioning to Medicaid. The admission agreement did not include a 5 day notice of rate increases when additional care is required.	6/3/11	2011
2	305.02	Not all PRN medications were available at the facility as ordered.	05/24/11 05/24/11 6/3/11 * Repeat Punch *	2011

Response Required Date <i>5/26/11</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>5/26/11</i>
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