



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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

JUDY A. CORDENIZ – ADMINISTRATOR  
LICENSING AND CERTIFICATION  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

July 9, 2012

Mary Beth Hassell, Administrator  
Legends Park Assisted Living Community  
1820 North Legends Parkway  
Coeur D Alene, ID 83815

License #: Rc-548

Dear Ms. Hassell:

On May 23, 2012, a State Licensure and follow-up survey was conducted at Legends Park Assisted Living 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 evidence of resolution.

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

Sincerely,

Gloria Keathley, LSW  
Team Leader  
Health Facility Surveyor  
Residential Assisted Living Facility Program

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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C.L. "BUTCH" OTTER – GOVERNOR  
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LESLIE M. CLEMENT—DEPUTY DIRECTOR  
LICENSING AND CERTIFICATION  
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Boise, Idaho 83720-0009  
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May 29, 2012

Mary Beth Hassell, Administrator  
Legends Park Assisted Living Community  
1820 North Legends Parkway  
Coeur D Alene, ID 83815

Dear Ms. Hassell:

**Congratulations** to both you and your staff on your recent State Licensure which was conducted at Legends Park Assisted Living Community on 05/23/2012. No core deficiencies were found and you had three or fewer non-core deficiencies cited during your survey, which qualifies you for a ***Silver Excellence in Care Award***.

This award demonstrates that you have worked exceptionally hard to meet the requirements set forth in the Rules for Residential Care or Assisted Living Facilities. Thank you for providing excellent care and ensuring the residents you serve live in a clean, safe and home-like community.

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 **5/23/2012**. 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.

Again, congratulations to you and your staff for a job well done.

Sincerely,

**The Residential Assisted Living Facility Survey Team**

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R548</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/23/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>LEGENDS PARK ASSISTED LIVING COMMUNI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1820 NORTH LEGENDS PARKWAY COEUR D ALENE, ID 83815</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure/follow-up survey conducted on 5/22/2012 through 5/23/2012 at your facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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





Residential Assisted Living Facility Program, Medicaid L & C
3232 W. Elder Street, Boise, Idaho 83705
208-334-6626

Date 5/23/12 Page 1 of 1

Critical Violations

Noncritical Violations

Table with 2 columns: Critical Violations and Noncritical Violations. Rows include # of Risk Factor Violations, # of Retail Practice Violations, # of Repeat Violations, Score, and A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection.

Establishment Name: Legends Park, Operator: Mary Beth Messer, Address: 83815, Risk Category: High, Inspection time: 11 Am

RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection.

Table with 4 columns: Item, Description, COS, R. Rows include Demonstration of Knowledge (2-102), Employee Health (2-201), Good Hygienic Practices, Control of Hands as a Vehicle of Contamination, Approved Source, and Protection from Contamination.

Table with 4 columns: Item, Description, COS, R. Rows include Potentially Hazardous Food Time/Temperature, Consumer Advisory, Highly Susceptible Populations, Chemical, and Conformance with Approved Procedures.

Y = yes, in compliance; N = no, not in compliance; N/O = not observed; COS = Corrected on-site; R = Repeat violation; X = COS or R

Table with 8 columns: Item/Location, Temp, Item/Location, Temp, Item/Location, Temp, Item/Location, Temp. Includes handwritten entries for Mayo in Refrig (38.4) and Dressing in Refrig (39.3).

GOOD RETAIL PRACTICES (X = not in compliance)

Table with 12 columns: Item, COS, R. Rows include 27. Use of ice and pasteurized eggs, 28. Water source and quantity, 29. Insects/rodents/animals, 30. Food and non-food contact surfaces, 31. Plumbing installed, 32. Sewage and waste water disposal, 33. Sinks contaminated, 34. Food contamination, 35. Equipment for temp. control, 36. Personal cleanliness, 37. Food labeled/condition, 38. Plant food cooking, 39. Thawing, 40. Toilet facilities, 41. Garbage and refuse disposal, 42. Food utensils/in-use, 43. Thermometers/Test strips, 44. Warewashing facility, 45. Wiping cloths, 46. Utensil & single-service storage, 47. Physical facilities, 48. Specialized processing methods, 49. Other.

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) Title Date 7/10/12, Inspector (Signature) Date 5/23/12, Follow-up (Circle One) Yes/No