



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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

DIVISION OF LICENSING & CERTIFICATION  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

October 23, 2012

Heather Ann Gray, Administrator  
Generations Assisted Living And Wellness, INC  
13400 North Meyer Road  
Rathdrum, ID 83858

Dear Ms. Gray:

On June 29, 2012, a State Licensure survey was conducted at Generations Assisted Living And Wellness, Inc. 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 Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Rachel Corey, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

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



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

July 2, 2012

Heather Gray, Administrator  
Generations Assisted Living And Wellness, Inc  
13400 North Meyer Road  
Rathdrum, ID 83858

Dear Ms. Gray:

**Congratulations** to both you and your staff on your recent State Licensure which was conducted at Generations Assisted Living And Wellness, Inc on 06/29/2012. 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 6/29/12. 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

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R826	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  06/29/2012
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NAME OF PROVIDER OR SUPPLIER  GENERATIONS ASSISTED LIVING AND WELLI	STREET ADDRESS, CITY, STATE, ZIP CODE 13400 NORTH MEYER ROAD RATHDRUM, ID 83858
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(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
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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 and follow-up survey conducted on 6/28/2012 through 6/29/2012 at your facility. The surveyors conducting the survey were:</p> <p>Rachel Corey, RN Team Coordinator Health Facility Surveyor</p> <p>Maureen A. McCann, RN Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards

TITLE

(X6) DATE

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





IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Date 6/28/12 Page 1 of 2 +6/29/12

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

Critical Violations

Noncritical Violations

Summary table with 4 rows: # of Risk Factor Violations (1), # of Retail Practice Violations (Q), # of Repeat Violations (Q), Score (1). Includes explanatory text for scores.

Establishment Name: Generations, Operator: Heather Gray, Address: 13400 N. Meyer Rd, Kootenai, Risk Category: High.

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, COS, R. Rows include: 1. Certification by Accredited Program, 2. Exclusion, restriction and reporting, 3. Eating, tasting, drinking, or tobacco use, etc.

Table with 4 columns: Item, COS, R. Rows include: 15. Proper cooking, time and temperature, 16. Reheating for hot holding, 17. Cooling, 18. Hot holding, etc.

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

Temperature log table with columns: Item/Location, Temp, Item/Location, Temp, Item/Location, Temp, Item/Location, Temp. Includes handwritten entries like 'Vanilla in fridge 38', 'Mashed potatoes 41.7', 'Macaroni salad 41.0'.

GOOD RETAIL PRACTICES (X = not in compliance)

Table with 4 columns: Item, COS, R. Rows include: 27. Use of ice and pasteurized eggs, 28. Water source and quantity, 29. Insects/rodents/animals, etc.

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) and Inspector (Signature) sections with dates and follow-up status.



Food Establishment Inspection Report

Page 2 of 2  
Date 6/28/12 + 6/29/12

Establishment Name Generations	Operator Heather Gray
Address 13400 N Meyer Rd	Rathdrum
County Estab # Tetonai	EHS/SUR # License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

17. Left over soup dumped @ 573, Masked potato 6.17.

EVIDENCE OF RESOLUTION DUE 7/9/12.

<input checked="" type="checkbox"/>	Accepted evidence of resolution on 7/9/12 RE
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