IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
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DIVISION OF LICENSING & CERTIFICATION
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October 23, 2012

Steven Holloway, Administrator
Sylvan House
660 West Honeysuckle
Hayden, ID 83835

Dear Mr. Holloway:

An unannounced, on-site complaint investigation survey was conducted at Sylvan House from October 16, 2012. During that time, interviews and record reviews were conducted with the following results:

Complaint # ID00005368

Allegation #1: Admission agreements were not signed by administrator.

Findings #1: Substantiated. However, on 7/23/12 Assisted Living Concepts entered into a compliance agreement with the Department and deficient practices were corrected prior to the complaint investigation which was conducted on 10/16/12.

Allegation #2: Admission agreements did allow for 30 day written notice to terminate the agreement.

Findings #2: Substantiated. However, on 7/23/12 Assisted Living Concepts entered into a compliance agreement with the Department and deficient practices were corrected prior to the complaint investigation which was conducted on 10/16/12.

Allegation #3: Admission Agreements were not in plain language that can be understood by the resident.

Findings #3: Substantiated. However, on 7/23/12 Assisted Living Concepts entered into a compliance agreement with the Department and deficient practices were corrected prior to the complaint investigation which was conducted on 10/16/12.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

Donna Henscheid

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R524	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 10/16/2012
NAME OF PROVIDER OR SUPPLIER SYLVAN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 660 WEST HONEYSUCKLE HAYDEN, ID 83835		

(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	Initial Comments A follow-up survey to ensure compliance with a "Settlement Agreement" established between Assisted Lving Concepts and Idaho Department of Health & Welfare, along with a complaint investigation, was conducted at your residential care/assisted living facility on 10/16/12. The facility was found to be in substantial compliance. The surveyors conducting the follow-up survey were: Donna Henscheid, LSW Team Leader Health Facility Surveyor Rae Jean McPhillips, RN Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

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