



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626
FAX: 208-364-1888

November 19, 2012

Sheila Oetting, Administrator
Bridge At Post Falls
515 North Garden Plaza Court
Post Falls, ID 83854

License #: RC-976

Dear Ms. Oetting:

On October 17, 2012, a Complaint Investigation survey was conducted at Post Falls Retirement Llc - DbA - The Bridge At Post Falls. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

This office is accepting your submitted plan of correction and evidence of resolution.

- Non-core issues, which are described on the Punch List, and for which you have 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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October 22, 2012

Sheila Oetting, Administrator
Bridge At Post Falls
515 North Garden Plaza Court
Post Falls, ID 83854

Dear Ms. Oetting:

An unannounced, on-site complaint investigation survey was conducted at Post Falls Retirement Llc - DbA - The Bridge At Post Falls from October 17, 2012, to October 17, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005625

Allegation #1: The facility did not assist an identified resident with medications as ordered.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.02 for not having a medication ordered by the physician available at the facility for an identified resident. 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 10/17/2012. 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,

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