



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

LESLIE M. CLEMENT—DEPUTY DIRECTOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

December 5, 2011

Lisa Junod, Administrator
1970 East 17th Street, Suite 103
Idaho Falls, ID 83404

License #: RC-746

Dear Ms. Junod:

On November 21, 2011, an off-site Complaint Investigation was conducted for Rosetta Assisted Living - Eastridge. 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 Donna Henscheid, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

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



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November 21, 2011

Lisa Junod, Administrator
1970 East 17th Street, Suite 103
Idaho Falls, ID 83404

Dear Ms. Junod:

On November 21, 2011, an off-site Complaint Investigation survey was conducted for Rosetta Assisted Living - Eastridge.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed with you during a phone 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 December 21, 2011.

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

Sincerely,

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

Enclosure



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November 21, 2011

Lisa Junod, Administrator
1970 East 17th Street, Suite 103
Idaho Falls, ID 83404

Dear Ms. Junod:

An off-site complaint investigation survey was conducted for Rosetta Assisted Living - Eastridge from November 16, 2011, to November 21, 2011. During that time, interviews and record reviews were conducted with the following results:

Complaint # ID00005194

Allegation #1: The facility did not ensure an identified employee completed fingerprinting within 21 days.

Findings #1: The facility was issued a non-core deficiency at IDAPA 16.03.22.009.04 for not ensuring fingerprinting was completed within 21 days of hire. The facility was required to submit evidence of resolution within 30 days.

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,

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

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

