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

January 3, 2012

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

License #: RC-976

Dear Ms. Oetting:

On November 29, 2011, a Follow-Up and 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):

- 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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December 5, 2011

Sheila Oetting, Administrator
Post Falls Retirement Llc - Dba - The Bridge At Post Falls
515 North Garden Plaza Court
Post Falls, ID 83854

Dear Ms. Oetting:

On November 29, 2011, a follow-up visit to the Licensure/follow-up and complaint survey of 09/02/2011, was conducted at Post Falls Retirement Llc - Dba - The Bridge At Post Falls. The core issue deficiencies issued as a result of the 09/02/2011, survey have been corrected.

Please bear in mind that five (5) non-core issue deficiencies were identified on the Punch List and two (2) were identified as repeat punches As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by December 29, 2011.

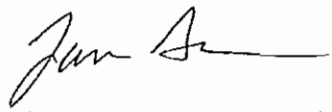
If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, or on a subsequent survey visit, it is determined that any of these deficiencies still exist, the Department will have no alternative but to initiate the enforcement of civil monetary penalties, as described in IDAPA 16.03.22.910.02 and IDAPA 16.03.22.925.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

a. Issuance of a provisional license
b. Limitations of admissions to the facility
c. Hiring a consultant who submits periodic reports to the Licensing and Certification
d. Civil monetary penalties

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

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

IDAHO DEPARTMENT OF HEALTH & WELFARE

MEDICAID LICENSING & CERTIFICATION - RALF
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Bridge at Post Falls	515 North Garden Plaza Court	208-773-3701
Administrator	**City**	**Zip Code**
Sheila Oetting	Post Falls	83854
Team Leader	**Survey Type**	**Survey Date**
Gloria Keathley	Complaint and Follow-up	11/29/11

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.04	Three employees did not submit their fingerprints within 21 days of hire.	1/3/12 gk	
2	320.03	10 of 10 NSAs were not signed by all necessary parties. ***REPEAT***	1/3/12 gk	
3	350.02	The administrator did not investigate all incidents and accidents within 30 days. ***REPEAT***	1/3/12 gk	
4	350.01	The administrator was not notified of all incidents or accidents, such as falls.	1/3/12 gk	
5	711.08.e	Facility caregivers did not notify the licensed professional nurse when residents had changes in their medical conditions, such as low	1/3/12 gk	
		pulse rate.		

Response Required Date	Signature of Facility Representative	Date Signed
12-29-11	Sheila Oetting	11-29-11

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December 8, 2011

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 November 28, 2011, to November 29, 2011. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005259

Allegation #1: Two employees worked without a criminal history and background check for over 300 days.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.009.04 for allowing two employees to work unsupervised without having a criminal history background clearance. 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 **11/29/2011**. 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

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December 8, 2011

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 November 28, 2011, to November 29, 2011. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005315

Allegation #1: An employee provided services without completing a background check.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.009.04 for allowing a staff member to work unsupervised without having a criminal history background clearance. 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 **11/29/2011**. 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