



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

December 21, 2012

Amy Rackham, Administrator
Gables Of Ammon Management, Inc
1405 Curlew Drive
Ammon, ID 83406

Dear Ms. Rackham:

On December 11, 2012, a follow-up visit to the Complaint Investigation Survey of September 26, 2012, was conducted at Gables Of Ammon Management, Inc. The core issue deficiencies issued as a result of the September 26, 2012 survey have been corrected. Due to the seriousness of the deficiencies cited during the September 26, 2012 survey, the facility will remain on a provisional license through April 9, 2013.

The conditions of the provisional license are as follows:

- 1. The facility will retain a minimum of one full-time nurse to provide nursing oversight at the facility. The nurse will work a minimum of forty (40) hours per week. This nurse must be one individual, as opposed to an agency that provides rotating nursing services.**
- 2. When the facility nurse is not available in the building, the facility will maintain at all times, an on-call, licensed nurse available to provide consultation to facility staff and to respond to the facility within one hour to respond to resident changes of condition, conduct assessments and make determinations regarding further care or emergency services.**
- 3. The facility will retain a full-time (40 hours per week), residential care administrator, who has both a full residential care administrator's license in Idaho and at least one year previous experience serving as a residential care administrator for an Idaho facility.**
- 4. The facility will maintain ongoing compliance with the rules for residential care or assisted living facilities in Idaho (IDAPA 16.03.22).**
- 5. If, at the conclusion of the provisional license period (April 9, 2013), the facility has abided by the terms of the provisional license, and no further core or punch deficiencies have been identified, your full license will be restored.**

Please be advised that you may contest this decision by filing a written request for administrative review

Amy Rackham
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pursuant to IDAPA 16.05.03.300. no later than twenty-eight (28) days after this notice was mailed. Any such request should be addressed to:

Debby Ransom, R.N., R.H.I.T.
Bureau Chief, Licensing and Certification
Department of Health and Welfare
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009

If you fail to file a request for administrative review within the time allowed, this decision shall become final.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,



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

JS/TFP

Enclosure

cc: Medicaid Notification Group
Steve Millward, Licensing & Certification