



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: 208-364-1962  
FAX: 208-364-1888

January 2, 2014

Larry Gilley, Administrator  
Bronco Senior Services Dba Hillcrest  
1093 S Hilton Street  
Boise, ID 83705

Dear Mr. Gilley:

On January 2, 2014, a Follow-Up/revisit survey was conducted for the survey on 11/20/13, at Bronco Senior Services. As a result all of the non-core deficiencies have been corrected.

- The conditions of your provisional license have been met. Your full license has been restored and a new certificate enclosed.
- The ban on resident admissions is lifted. You may resume admitting new residents to the facility.
- You are no longer required to retain your consultant. No further consultant reports are required.

Should you have questions, please contact me Jamie Simpson, at (208) 364-1962.

Sincerely,

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

JS/ka

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R998</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/02/2014</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRONCO SENIOR SERVICES DBA HILLCREST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1093 S HILTON STREET BOISE, ID 83705</b>
---	--

(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}	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No deficiencies were cited during the follow-up survey conducted between 12/30/2013 and 1/2/2014 at your facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Coordinator Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p>	{R 000}		
---------	---	---------	--	--

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------