



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

February 12, 2014

Cecilia Owsley, Administrator  
Guardian Angel Homes  
1070 East Mullan Avenue  
Post Falls, Idaho 83854

License #: RC-643

Dear Ms. Owsley:

On January 10, 2014, a follow-up visit to the licensure and complaint investigation survey of May 8, 2013 was conducted at Post Falls Ops LLC, dba Guardian Angel Homes. 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.

Your submitted evidence of resolution are being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

RACHEL COREY, RN  
Team Leader  
Health Facility Surveyor

RC/sc

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



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January 13, 2014

Cecilia Owsley, Administrator  
Guardian Angel Homes  
1070 East Mullan Avenue  
Post Falls, ID 83854

Dear Ms. Owsley:

On January 10, 2014, a follow-up visit to the Licensure and Complaint Investigation survey of May 8, 2013, was conducted at Post Falls Ops LLC, Dba-Guardian Angel Homes. The core issue deficiencies issued as a result of the May 8, 2013, survey have been corrected.

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. 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 February 9, 2014.

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

Sincerely,



JAMIE SIMPSON, MBA, QMRP

Program Supervisor  
Residential Assisted Living Facility Program



Facility Guardian Angel Homes - Post Falls	License # RC-643	Physical Address 1070 E Mullan Ave	Phone Number (208) 777-7797
Cecilia Wilkerson - <i>owsky</i>	City Post Falls	ZIP Code 83854	Survey Date January 10, 2014
Survey Team Leader Rachel Corey	Survey Type Follow-up	RESPONSE DUE: February 9, 2014	
Administrator Signature <i>Rachel Corey</i>	Date Signed <i>1/10/14</i>		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	300.02	Mechanical soft diets were not implemented for all residents requiring such a diet as meats were not served ground. <b>**Previously cited on 5/8/13**</b>	2-11-14	RC
2	711.01.c	The facility did not document the effectiveness of the interventions used for residents with behaviors. <b>**Previously cited on 5/8/13**</b>	2-11-14	RC
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