



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

May 23, 2014

Shantel Yogerst, Administrator  
Grace Assisted Living of Fairview Lakes  
1960 North Lakes Place  
Meridian, Idaho 83642

Provider ID: RC-835

Ms. Yogerst:

On January 31, 2014, a state licensure/follow-up survey was conducted at Grace Assisted Living of Fairview Lakes. 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 is 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 Karen Anderson, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

*Karen Anderson, RN*

KAREN ANDERSON, RN  
Team Leader  
Health Facility Surveyor

KA/sc

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



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February 6, 2014

Shantel Yogerst, Administrator  
Grace Assisted Living of Fairview Lakes  
1960 North Lakes Place  
Meridian, Idaho 83642

Dear Ms. Yogerst:

On January 31, 2014, a follow-up visit to the licensure/follow-up and complaint investigation survey of 11/27/2013, was conducted at Grace Assisted Living of Fairview Lakes - Grace at Fairview Lakes, LLC. The core issue deficiencies issued as a result of the 11/27/2013, 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 March 2, 2014.

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

Sincerely,

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

KA/sc



Facility GRACE ASSISTED LIVING OF FAIRVIEW LAKES	License # RC-835	Physical Address 1960 NORTH LAKES PLACE	Phone Number (208) 884-8080
Administrator Shantel Yogerst	City MERIDIAN	ZIP Code 83642	Survey Date January 31, 2014
Survey Team Leader Karen Anderson	Survey Type Follow-up	RESPONSE DUE: March 2, 2014	
Administrator Signature 	Date Signed 1/31/14		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	451.03	The facility did not provide residents with physician ordered therapeutic diets that were consistent with the Idaho Diet Manual. For example, meats were not ground for mechanical soft diets. Previously cited 11/27/13.	2/28/14	KA
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