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

March 3, 2014

Janine Sawaya, Administrator
Morningstar of Boise
5850 North Five Mile Road
Boise, Idaho 83713

Dear Ms. Sawaya:

On February 24, 2014, a follow-up visit to the initial state licensure survey of 1/24/2014, was conducted at Morningstar of Boise. The non-core issue deficiencies issued as a result of the 1/24/2014, survey have been corrected.

- The limit on resident admissions is lifted. You may resume admitting new residents to the facility without restrictions
- You are no longer required to retain your consultant. No further consultant reports are required.

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

Sincerely,

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

JS/sc

c: , Program Manager, Regional Medicaid Services, Region – DHW

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	13R1069		02/24/2014

NAME OF PROVIDER OR SUPPLIER
MORNINGSTAR OF BOISE

STREET ADDRESS, CITY, STATE, ZIP CODE
5850 NORTH FIVE MILE ROAD
BOISE, ID 83713

(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	Initial Comments A follow-up survey to non-core deficiencies was conducted at your residential care/assisted living facility on 2/24/2014. The non-core deficiencies were found to be corrected. The surveyors conducting the follow-up survey were: Maureen McCann, RN. Team Coordinator Health Facility Surveyor Polly Watt-Geier, MSW Health Facility Surveyor	R 000		

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