



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

June 25, 2014

Jeffrey Mikesell, Administrator
Rose Terrace Country Homes
5672 West Rhode Island
Spirit Lake, Idaho 83869

Provider ID: RC-807

Mr. Mikesell:

On April 15, 2014, a complaint investigation was conducted at Rose Terrace Country 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 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 Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor

DH/sc

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



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April 29, 2014

Jeffrey Mikesell, Administrator
Rose Terrace Country Homes
5672 West Rhode Island
Spirit Lake, Idaho 83869

Mr. Mikesell:

An unannounced, on-site complaint investigation/follow-up survey was conducted at Rose Terrace Country Homes on April 15, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006208

Allegation #1: The facility did not inform residents a sex offender had moved into the facility.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.152.01.b for not notifying residents a sex offender was admitted to the facility. The facility was required to submit evidence of resolution within 30 days.

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, on **April 15, 2014**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

DONNA HENSCHIED, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/sc

