



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: 208-334-6626  
FAX: 208-364-1888

July 24, 2013

Kimberly Johnson, Administrator  
Bristol Heights Assisted Living  
2220 West Prairie Avenue  
Coeur d'Alene, ID 83815

License #: RC-1011

Dear Ms. Johnson:

On May 4, 2013, a complaint investigation survey was conducted at Bristol Heights Assisted Living. 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 no recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Maureen McCann, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Maureen McCann, RN  
Team Leader  
Health Facility Surveyor

MM/TFP

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



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May 17, 2013

Kimberly Johnson, Administrator  
Bristol Heights Assisted Living  
2220 West Prairie Avenue  
Coeur D Alene, ID 83815

Dear Ms. Johnson:

An unannounced, on-site complaint investigation survey was conducted at Bristol Heights Assisted Living between May 3, 2013 and May 4, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00005807**

- Allegation #1: The facility's staff did not respond to residents' behaviors appropriately.
- Findings #1: Substantiated. The facility was issued two deficiencies. The first deficiency was cited at IDAPA 16.03.22.225, for not having behavioral management plans in place to direct staff when intervening during residents' behaviors. The second deficiency was cited at IDAPA 16.03.22.305.08, for not providing employee education regarding residents' behaviors. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2: The facility's staff took residents' call lights away from them, leaving the residents without a way to summon staff.
- Findings #2: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.
- Allegation #3: The facility's staff rush when assisting residents with toileting. Therefore they do not provide adequate peri-care.
- Findings #3: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Kimberly Johnson, Administrator  
May 17, 2013  
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Allegation #4: The facility's staff required residents to go back to bed after breakfast and lunch.

Findings #4: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #5: The administrator did not provide a written response to a complainant within 30 days.

Findings #5: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.311.02 for not documenting complaints, the investigation of the complaint and for not providing a written response to a complainant within 30 days. The facility was required to submit evidence of resolution within 30 days.

Allegation #6: The facility did not allow resident access to their personal belongings.

Findings #6: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

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 **May 4, 2013**. 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) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



Maureen McCann, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

mmc/mmc

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

