



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

August 23, 2013

Rose Ann Mikesell, Administrator  
Rose Terrace Cottages  
1821 East Sherman Avenue - Suite 5  
Coeur D'Alene, ID 83814

License #: Rc-855

Dear Ms. Mikesell:

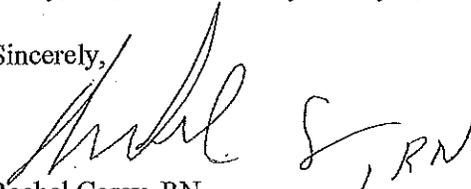
On May 10, 2013, a complaint investigation and state licensure survey was conducted at Rose Terrace Cottages. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- 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/rc

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



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May 13, 2013

Rose Ann Mikesell, Administrator  
Rose Terrace Cottages  
1821 East Sherman Avenue - Suite 5  
Coeur D'Alene, ID 83814

Dear Ms. Mikesell:

On May 9th through May 10, 2013, a licensure/follow-up and complaint investigation survey was conducted at Rose Terrace Cottages.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that 18 non-core issue deficiencies were identified on the punch list and 4 were identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying evidence of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than June 9, 2013.

If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, or on a subsequent survey visit, it is determined that any of these deficiencies still exist, the Department will have no alternative but to initiate the enforcement of civil monetary penalties, as described in IDAPA 16.03.22.910.02 and IDAPA 16.03.22.925.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626. Thank you for your continued participation in the Idaho

Rose Ann Mikesell  
May 13, 2013  
Page 2 of 2

Residential Care Assisted Living Facility program.

Sincerely,

A handwritten signature in black ink, appearing to read "Jamie Simpson", written in a cursive style.

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

rc/rc

Enclosure

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R855</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/10/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROSE TERRACE COTTAGES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>632 NORTH 21ST STREET COEUR D'ALENE, ID 83814</b>
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(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
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R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure/follow-up and complaint investigation survey conducted on 5/09/2013 through 5/10/2013 at your facility. The surveyors conducting the survey were:</p> <p>Rachel Corey, RN Team Coordinator Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards

TITLE

(X8) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



**ASSISTED LIVING**  
**Non-Core Issues**  
**Punch List**

Facility Name Rose Terrace Cottages	Physical Address 632 North 21st St	Phone Number 208-665-0580
Administrator Rose Ann Mikesell	City Coeur D' Alene	Zip Code 83814
Team Leader Text Field Rachel Corey	Survey Type Licensure, Follow-up, and Complaint	Survey Date 05/10/13

**NON-CORE ISSUES**

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	220.02	The admission agreement did not include all required items, such as how rates were calculated and the method to contest charges.	7/26/13 RC	
2	225.01	Resident #7's behaviors were not evaluated, such as exit seeking and throwing food off the plate.	8/23/13 RC	
3	225.02	Interventions for Resident #7's behaviors were not developed.	6/17/13 RC	
4	250.10	Hot water temperatures exceeded 120 degrees. ****Previously cited on 10/22/09 and 1/12/11****	7/26/13 RC	
5	250.13.I	Not all closets had doors. ***Previously cited on 1/12/11***	7/26/13 RC	
6	260.06	The facility was not maintained in a clean and sanitary manner. House A: sticky floors were observed, the carpet strip between the kitchen and living room was sticking up, the front door needed cleaned. House C: There was linoleum in two bathrooms that was torn. A toilet seat was broken and laying on the floor. BM was observed smeared on the floor and the walls of a resident's room. Enamel was chipped out of the bathroom sinks. There was urine and BM odors in several of the rooms. A bed mattress was urine stained. The paint was chipped off the walls. The kitchen counter top was worn. The gutter on the front porch was broken. There was a hornets nest on the front porch.	6/17/13 RC	
7	300.01	Resident #5 was not assessed by the RN every 90 days. The RN did not assess residents when there was changes of condition such as: Resident #3's pressure ulcer, Resident #8's blister on hip, Resident #2's bruising and Resident #4's change in mentation.	7/26/13 RC	
8	310.01.c	The facility did not maintain a temperature log for the medication refrigerator.	7/26/13 RC	

Response Required Date 06/09/13	Signature of Facility Representative <i>Rose Ann Mikesell, Adm</i>	Date Signed 5/9/13
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**ASSISTED LIVING**  
**Non-Core Issues**  
**Punch List**

Facility Name Rose Terrace Cottages	Physical Address 632 North 21st St	Phone Number 208-665-0580
Administrator Rose Ann Mikesell	City Coeur D' Alene	Zip Code 83814
Team Leader Text Field Rachel Corey	Survey Type Licensure, Follow-up, and Complaint	Survey Date 05/10/13

**NON-CORE ISSUES**

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
9	305.02	Not all prn medications were available. Resident #3, #4, & #7 did not have current MD orders. **Previously cited on 1/12/11*	7/16/13 <i>RC</i>	
10	305.03	The nurse did not document his/her follow-up when notified of residents' changes of condition. ***Previously cited on 1/12/11***	7/26/13 <i>RC</i>	
11	305.04	The facility RN did not document recommendations or medical needs requiring follow-up.	7/26/13 <i>RC</i>	
12	305.06	Resident #5 was not assessed to self-medicate his insulin.	7/16/13 <i>RC</i>	
13	320.01	NSAs were not descriptive of residents' care needs. For example, Resident #3's NSA did not include toileting or hospice services. Resident #5 did not have a current NSA. Resident #4's NSA did not describe ordered dietary needs.	7/16/13 <i>RC</i>	
14	335.03	Paper towels and liquid hand soap was not available in residents' rooms who required assistance with personal cares, thus proper hand washing could not be done. Additionally, a caregiver was observed to not wash her hands after providing cares.	6/10/13 <i>RC</i>	
15	350.02	There was no investigation after an incident occurring with Resident #7. Additionally, there was no documented investigation of a resident to resident incident or a fall occurring with Resident #2.	7/26/13 <i>RC</i>	
16	640	Two of seven staff did not have 8 hours of continuing education.	7/26/13 <i>RC</i>	
17	711.01	The facility did not track behaviors, interventions used and the effectiveness of the interventions for Residents #5 and #7.	8/23/13 <i>RC</i>	
18	711.08.e	Caregivers did not document when they notified the facility RN for changes of condition.	7/26/13 <i>RC</i>	

Response Required Date 06/09/13	Signature of Facility Representative <i>Rose Ann Mikesell, Adm</i>	Date Signed 5/9/13
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IDAHO DEPARTMENT OF

# HEALTH & WELFARE Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C  
3232 W. Elder Street, Boise, Idaho 83705  
208-334-6626

Critical Violations      Noncritical Violations

Establishment Name <u>Rose Terrace Cottages</u>		Operator <u>Rose Ann Mikesell</u>	
Address <u>632 North 21st St.</u>			
County <u>Boone</u>	Estab #	EHS/SUR #	Inspection time:      Travel time:
Inspection Type:	Risk Category: <u>High</u>		Follow-Up Report: OR On-Site Follow-Up: Date:      Date:
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.			

# of Risk Factor Violations	<u>2</u>	# of Retail Practice Violations	<u>1</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>2</u>	Score	<u>1</u>
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection		A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection.	

**RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)**  
The letter to the left of each item indicates that item's status at the inspection.

	Demonstration of Knowledge (2-102)	COS	R
(Y) N	1. Certification by Accredited Program, or Approved Course, or correct responses, or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) (N) N/A	11. Food segregated, separated and protected (3-302)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Y) (N) N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Y) N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
(Y) N N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/O) N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/O) N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/O) N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/O) N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/O) N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/A)	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/A)	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance      N = no, not in compliance  
N/O = not observed      N/A = not applicable  
COS = Corrected on-site      R = Repeat violation  
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Chicken (cooked)</u>	<u>170°</u>	<u>Cottage Cheese (fry)</u>	<u>38°</u>				
<u>mashed potatoes</u>	<u>170°</u>						

**GOOD RETAIL PRACTICES (X = not in compliance)**

	COS	R		COS	R		COS	R
<input type="checkbox"/> 27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 34. Food contamination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Plumbing installed, cross-connection, back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 49. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)**

Person in Charge (Signature) Rose Ann Mikesell (Print) Rose Ann Mikesell Title adm Date 5/9/13

Inspector (Signature) Donna Henschel (Print) Donna Henschel Date 5/9/13 Follow-up: (Circle One) Yes  No



Residential Assisted Living Facility Program, Medicaid L & C  
3232 W. Elder Street, Boise, Idaho 83705  
208-334-6626

Page 2 of 2  
Date 5/9/13

Establishment Name <i>Rose Terrace Cottages</i>	Operator <i>Rose Ann McKesell</i>
Address <i>632 North 27th St.</i>	
County Estab # EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

11. Eggs were stored over ready-to-eat foods. The eggs were moved to appropriate place in refrigerator. COS.
12. The facility was not using an approved sanitizer for food prep areas. COS The facility obtained a bleach solution.
34. The cook used contaminated gloves to plate ready-to-eat foods. COS The cook was educated on glove use.

Person in Charge <i>Rose Ann McKesell</i>	Date <i>5/9/13</i>	Inspector <i>Anna Skovland</i>	Date <i>5/9/13</i>
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May 14, 2013

Rose Ann Mikesell, Administrator  
Rose Terrace Cottages  
1821 East Sherman Avenue - Suite 5  
Coeur D'Alene, ID 83814

Dear Ms. Mikesell:

An unannounced, on-site complaint investigation survey was conducted at Rose Terrace Cottages between May 9, 2013 and May 10, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00005857**

**Allegation #1:** The facility did not seek medical attention in a timely manner for a resident who had not slept in 7 days.

**Findings #1:** On 5/9/13, the identified resident's closed record was reviewed. It did not contain documentation, indicating the resident had not slept for seven days. Care notes documented the identified resident was up frequently during the night and would have intermittent periods when she would sleep. A care note, dated 1/1/13, documented the resident had not slept all night, so staff spoke with the resident's power of attorney regarding taking the resident to the doctor. A history and physical, dated 1/7/13, documented the resident was diagnosed with insomnia and "this is directly associated with her advancing dementia."

On 5/9/13, between 8:00 AM and 12:30 PM, four caregivers and the administrator were interviewed. They stated they did not recall the identified resident not sleeping for an extended period of time, but did recall that she would frequently be up at night and would take naps during the day, or sleep intermittently at night.

On 5/9/13 at 10:05 AM, the house manager stated the identified resident had a long history of insomnia. The resident's physician had prescribed sleep aids, which were not effective. He further stated, while the resident would be up at

Rose Ann Mikesell, Administrator  
May 14, 2013  
Page 2 of 2

night, she would take naps periodically. He did not recall the resident not sleeping for seven days straight.

On 5/9/13 at 11:30 AM, the facility nurse stated she did not recall the resident not sleeping for several consecutive days, but did recall that the resident had patterns of staying up at night, which was not abnormal due to her dementia diagnosis.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

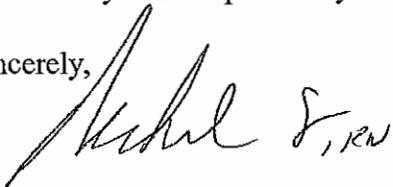
Allegation #2: The facility did not investigate or assess a resident's bruising.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.300.01 and 350.02 for not documenting an assessment and an investigation of a resident's bruising. 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 **May 10, 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,



Rachel Corey, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

rc/rc

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