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 21, 2014

Hope Brackett, Administrator
Emeritus at Juniper Meadows
2975 Juniper Drive
Lewiston, Idaho 83501

Ms. Brackett:

On May 13, 2014, a follow-up visit to the state licensure survey of 10/31/2013, was conducted at Emeritus at Juniper Meadows. The core issue deficiencies issued as a result of the 10/31/2013, survey have been corrected.

- The conditions of your provisional license have been met. Your full license has been restored and a new certificate enclosed.
- 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

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
	13R595		R-C 05/13/2014

NAME OF PROVIDER OR SUPPLIER

EMERITUS AT JUNIPER MEADOWS

STREET ADDRESS, CITY, STATE, ZIP CODE

2975 JUNIPER DRIVE
LEWISTON, ID 83501

(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 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 deficiencies were cited during the follow-up and complaint survey conducted 5/12/2014 through 5/13/2014 at your facility. The surveyors conducting the survey were: Matt Hauser, QMRP Team Coordinator Health Facility Surveyor Gloria Keathley, LSW Health Facility Surveyor Rae Jean McPhillips, RN BSN Health Facility Surveyor	R 000		

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

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May 21, 2014

Hope Brackett, Administrator
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2975 Juniper Drive
Lewiston, Idaho 83501

Ms. Brackett:

An unannounced, on-site complaint investigation survey was conducted at Emeritus at Juniper Meadows between May 12, 2014 and May 13, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006371

Allegation: The facility did not provide an appropriate discharge to an identified resident.

Findings: Unsubstantiated.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

MATT HAUSER, MH
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

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