



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

July 22, 2014

Erika Schreiber, Administrator  
Creekside Inn Assisted Living Alzheimer's Community  
240 East Kathleen Avenue  
Coeur d'Alene, Idaho 83814

Provider ID: RC-954

Ms. Schreiber:

On June 17, 2014, a state licensure/follow-up survey and complaint investigation were conducted at Creekside Inn Assisted Living Alzheimer's Community. 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 Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MAUREEN MCCANN, RN  
Team Leader  
Health Facility Surveyor

MM/sc

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



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June 26, 2014

Erika Schreiber, Administrator  
Creekside Inn Assisted Living Alzheimer's Community  
240 East Kathleen Avenue  
Coeur d'Alene, Idaho 83814

Provider ID: RC-954

Ms. Schreiber:

On June 17, 2014, a follow-up visit to the state licensure/follow-up survey and complaint investigation of January 9, 2014, was conducted at Creekside Inn Assisted Living Alzheimer's Community. The core issue deficiencies issued as a result of the January 9, 2014, survey have been corrected.

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. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by July 17, 2014.

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

Sincerely,

MAUREEN MCCANN, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

MM/sc



<b>Facility</b> CREEKSIDE INN ASSISTED LIVING ALZHEIMER'S COMMUNITY	<b>License #</b> RC-954	<b>Physical Address</b> 240 EAST KATHLEEN AVENUE	<b>Phone Number</b> (208) 665-2444
<b>Administrator</b> Erika Schreiber	<b>City</b> COEUR D'ALENE	<b>ZIP Code</b> 83815	<b>Survey Date</b> June 17, 2014
<b>Survey Team Leader</b> Maureen McCann	<b>Survey Type</b> Complaint Investigation and Follow-up		<b>RESPONSE DUE:</b> July 17, 2014
<b>Administrator Signature</b> 	<b>Date Signed</b> 6/17/14		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	215.01	The administrator did not ensure the weight change policy was implemented.	7/18/14	MUC
2	415.03	The planned mechanical soft diet was not consistent with the Idaho Diet Manual. ****Previously cited on 1/9/13****	7/18/14	MUC
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June 26, 2014

Erika Schreiber, Administrator  
Creekside Inn Assisted Living Alzheimer's Community  
240 East Kathleen Avenue  
Coeur d'Alene, Idaho 83814

Provider ID: RC-954

Ms. Schreiber:

An unannounced, on-site complaint investigation survey was conducted at Creekside Inn Assisted Living Alzheimer's Community between June 16, 2014 and June 17, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006445**

**Allegation #1:** The facility did not schedule enough staff to supervise the residents.

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

**Allegation #2:** The administrator did not respond in writing to complainants within 30 days.

**Findings:** Unsubstantiated. Though the allegation may have occurred, it could not be determined during the complaint investigation due to conflicting information.

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,

MAUREEN MCCANN, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

MM/sc