



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: 208-334-8626  
FAX: 208-364-1888

October 28, 2013

Leland Rasmussen, Administrator  
Great Oaks Assisted Living  
290 N 4064 E  
Rigby, ID 83442

License #: RC-1021

Dear Mr. Rasmussen:

On September 26, 2013, a complaint investigation survey was conducted at Great Oaks Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Donna Henscheid, LSW  
Team Leader  
Health Facility Surveyor

DH/ftp

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

Facility Great Oaks Assisted Living	License # RC-1021	Physical Address 290 N 4064 E	Phone Number (208) 745-6229
Administrator Jacob Rasmussen	City Rigby	ZIP Code 83442	Survey Date September 26, 2013
Survey Team Leader Donna Henscheid	Survey Type Complaint Investigation	RESPONSE DUE: October 26, 2013	
Administrator Signature <i>Jelani Jacob Rasmussen</i>	Date Signed 9-26-13		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	009.01	1 of 4 employees did not have criminal history and background checks.	10/21/13	DH
2	009.03	2 of 4 employees were allowed to work unsupervised prior to completing criminal history and background checks.	10/21/13	DH
3	215.12	The administrator did not ensure an employee who was under 18 had proof of a certified nurses' assistance course.	10/21/13	DH
4	730.01.f	1 employee, who passed medications, did not have evidence of completing a medication certification course.	10/21/13	DH
5	730.01.h	2 employees did not have evidence of delegation from the facility's current RN.	10/21/13	DH
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October 7, 2013

Leland Rasmussen, Administrator  
Great Oaks Assisted Living  
290 N 4064 E  
Rigby, ID 83442

Dear Mr. Rasmussen:

An unannounced, on-site complaint investigation survey was conducted at Great Oaks Assisted Living on September 26, 2013. At that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00005967**

- Allegation #1:** Caregivers were providing cares without completing criminal history and background checks.
- Findings #1:** Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.009.01 for not completing a criminal history and background check on one employee and 16.03.22.009.03 for allowing two employees to work unsupervised prior to completing a criminal history and background check. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2:** Pain medications were not available to medication aides.
- Findings #2:** Substantiated. However, not cited as the problem was corrected prior to the complaint investigation.
- Allegation #3:** Residents' Rights were violated when residents were not given a choice of home health or hospice agencies.
- Findings #3:** Insufficient evidence was available at the time of the investigation and in the records reviewed to substantiate this allegation.
- Unsubstantiated.

Leland Rasmussen  
October 7, 2013  
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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 **September 26, 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) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in cursive script that reads "Donna Henscheid".

Donna Henscheid, LSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

DH/tp

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