



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

November 6, 2013

Shawna Warner, Administrator  
Heritage Homes of Rexburg  
6434 West 2000 South  
Rexburg, ID 83440

License #: RC-1030

Dear Ms. Warner:

On September 26, 2013, a complaint investigation survey was conducted at Heritage Homes of Rexburg. 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 Rae Jean McPhillips, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Rae Jean McPhillips, RN, BSN  
Team Leader  
Health Facility Surveyor

RJM/TFP

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



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October 7, 2013

Shawna Warner, Administrator  
Heritage Homes of Rexburg  
6434 West 2000 South  
Rexburg, ID 83440

Dear Ms. Warner:

An unannounced, on-site complaint investigation survey was conducted at Heritage Homes of Rexburg between September 25 and September 26, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00005981**

**Allegation #1:** The facility admitted and retained residents with pressure ulcers greater than Stage II.

**Findings #1:** Insufficient evidence was available at the time of the investigation and in the records reviewed to substantiate this allegation.

Unable to substantiate.

**Allegation #2:** The facility did not monitor residents' medications, which resulted in an overdose.

**Findings #2:** Insufficient evidence was available at the time of the investigation and in the records reviewed to substantiate this allegation.

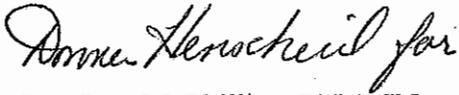
Unsubstantiated.

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.

Shawna Warner  
October 7, 2013  
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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,



Rae Jean McPhillips, RN, BSN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

RJM/TFP

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

