



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

Dawn Brotherson, Administrator  
Apple Valley Residential Care  
715 North Butte Avenue  
Emmett, ID 83617

License #: RC-445

Dear Ms. Brotherson:

On October 2, 2013, a complaint investigation survey was conducted at Apple Valley Residential Care. 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, MSW for*

Donna Henscheid, LSW  
Team Leader  
Health Facility Surveyor

DH/TFP

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



Facility APPLE VALLEY RESIDENTIAL CARE	License # RC-445	Physical Address 715 NORTH BUTTE AVENUE	Phone Number (208) 365-1497
Administrator Dawn Brotherson	City EMMETT	ZIP Code 83617	Survey Date October 2, 2013
Survey Team Leader Donna Henscheid	Survey Type Complaint Investigation	RESPONSE DUE: November 1, 2013	
Administrator Signature <i>Dawn Brotherson</i>	Date Signed <i>10/2/13</i>		

NON-CORE ISSUES				
Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	215..03	The facility allowed an employee to become a Durable Power of Attorney for Health Care for a resident residing at the facility.	<i>11/1/13</i>	<i>DH</i>
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October 16, 2013

Dawn Brotherson, Administrator  
Apple Valley Residential Care  
715 North Butte Avenue  
Emmett, ID 83617

Dear Ms. Brotherson:

An unannounced, on-site complaint investigation survey was conducted at Apple Valley Residential Care on October 2, 2013. At that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00006022**

**Allegation #1:** An employee of the facility was the financial power of attorney for residents.

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

Unsubstantiated. However, the facility was issued a non-core deficiency at IDAPA 16.03.2.15.03 for the facility allowing an employee to become a Durable Power of Attorney for Health Care. 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 **October 2, 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,

*Donna Henscheid*, RN, BSW  
Donna Henscheid, LSW *for*  
Health Facility Surveyor  
Residential Assisted Living Facility Program

DH/TFP

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