



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

Bryan Elliott, Administrator
Willow Park
2600 North Milwaukee
Boise, ID 83704

License #: RC-1024

Dear Mr. Elliott:

On October 8, 2013, a complaint investigation survey was conducted at Willow Park. 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 Matt Hauser, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Matt Hauser
Team Leader
Health Facility Surveyor

MH/ftp

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



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October 22, 2013

Bryan Elliott, Administrator
Willow Park
2600 North Milwaukee
Boise, ID 83704

Dear Mr. Elliott:

An unannounced, on-site complaint investigation survey was conducted at Willow Park between October 7, 2013 and October 8, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006070

Allegation #1: The facility failed to protect residents after an allegation of sexual abuse.

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

Unsubstantiated.

Allegation #2: The facility failed to immediately report a resident to resident sexual incident to Adult Protection.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.05 for failing to immediately report a resident to residents sexual incident to Adult Protection Services. 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 8, 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.

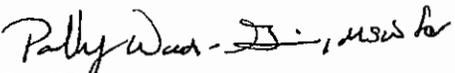
Bryan Elliott, Administrator

October 22, 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,


Matt Hauser
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/TFP

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