



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

December 12, 2014

Stephen Farnsworth, Administrator  
Birchwood Retirement Estate  
641 Rimview Drive  
Twin Falls, Idaho 83301

Provider ID: RC-602

Mr. Farnsworth:

On November 21, 2014, a complaint investigation survey was conducted at Birchwood Retirement Estate, CEC Inc. 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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November 30, 2014

Stephen Farnsworth, Administrator  
Birchwood Retirement Estate  
641 Rimview Drive  
Twin Falls, Idaho 83301

Provider ID: RC-602

Mr. Farnsworth:

An unannounced, on-site complaint investigation was conducted at Birchwood Retirement Estate on November 21, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006570**

Allegation #1: The facility nurse did not complete an assessment when residents experienced a change in condition.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.03 for the facility nurse not completing an assessment when an identified resident experienced a weight loss. 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 **November 21, 2014**. 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,

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

MM/sc

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

