



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

January 29, 2015

Christy Watson, Administrator
R & V Assisted Living, Inc
903 11th Ave South
Nampa, Idaho 83651

Provider ID: RC-176

Ms. Watson:

On December 9, 2014, a state licensure/follow-up survey was conducted at R & V Assisted Living, 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 Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Polly Watt-Geier, MSW

POLLY WATT-GEIER, MSW
Team Leader
Health Facility Surveyor

PWG/sc

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



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 16, 2014

Christy Watson, Administrator
R & V Assisted Living, Inc
903 11th Avenue South
Nampa, Idaho 83651

Provider ID: RC-176

Ms. Watson:

A state licensure/follow-up survey was conducted at R & V Assisted Living, Inc on December 9, 2014. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

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 **December 9, 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.

Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 364-1962. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

POLLY WATT-GEIER, MSW
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/09/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER R & V ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 903 11TH AVE SOUTH NAMPA, ID 83651
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure and follow-up survey conducted on December 9, 2014 at your facility. The surveyors conducting the survey were:</p> <p>Polly Watt-Geier, MSW Team Coordinator Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____



Facility R & V Assisted Living, Inc.	License # RC-176	Physical Address 903 11TH AVENUE SOUTH	Phone Number (208) 466-1311
Administrator Christy Watson	City NAMPA	ZIP Code 83651	Survey Date December 9, 2014
Survey Team Leader Polly Watt-Geier	Survey Type		RESPONSE DUE January 8, 2015
Administrator Signature <i>Christy Watson</i>	Date Signed 12-9-14		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use
			EOR Accepted
1	225.02	The facility did not develop interventions for Resident #3's behaviors.	1/28/15 Pw/h
2	250.10	The facility's hot water temperatures exceeded 120 degrees.	1/28/15 Pw/h
3	711.08.c	Facility staff did not document when Resident #1 had bleeding. For example: the amount of the blood, when/where it was found and who they notified.	1/28/15 Pw/h
4	740.02	The facility did not maintain 3 months of menus where substitutions were made.	1/28/15 Pw/h
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			