IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
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BUREAU OF FACILITY STANDARDS
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FILE COPY

June 23, 2006

Mark Stephenson, Administrator
Gables Special Needs II
830 1st Street
Idaho Falls, ID 83401

Dear Mr. Stephenson:

On June 14, 2006, an initial survey was conducted at Gables Special Needs II - Gables Management, LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

Virginia Loper RN

VIRGINIA LOPER, R.N.
Supervisor
Residential Community Care Program

VL/sm

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	13R859		06/14/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLES SPECIAL NEEDS II	830 1ST STREET IDAHO FALLS, ID 83401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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	Initial Comments The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the initial survey conducted on June 14, 2006. The surveyors conducting the initial survey were: Polly Watt-Geier, LSW Team Leader Health Facility Surveyor Rebecca Winter, RN Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

L ATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE