



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

October 9, 2014

Bonita Powers, Administrator
Pacifica Senior Living Coeur d'Alene
840 East Dalton Avenue
Coeur d Alene, Idaho 83815

Provider ID: RC-1067

Ms. Powers:

On June 17, 2014, a state licensure/follow-up survey and complaint investigation were conducted at Pacifica Senior Living Coeur d'Alene. 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 Matt Hauser, QMRP, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MATT HAUSER, QMRP
Team Leader
Health Facility Surveyor

MH/sc

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



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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
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June 25, 2014

Bonita Powers, Administrator
Pacifica Senior Living Coeur d'Alene
840 E Dalton Avenue
Coeur d Alene, Idaho 83815

Provider ID: RC-1067

Ms. Powers:

An initial licensure survey and complaint investigation were conducted at Pacifica Senior Living Coeur d'Alene between June 16, 2014 and June 17, 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 **June 17, 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,

MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2014
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NAME OF PROVIDER OR SUPPLIER PACIFICA SENIOR LIVING COEUR D'ALENE	STREET ADDRESS, CITY, STATE, ZIP CODE 840 E DALTON AVE COEUR D ALENE, ID 83815
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(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 initial licensure and complaint investigation conducted between 6/16/2014 and 6/17/2014. The surveyors conducting the survey were:</p> <p>Matt Hauser, QMRP Team Leader Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN, BSN Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Facility PACIFICA SENIOR LIVING COEUR D'ALENE	License # RC-1049	Physical Address 840 EAST DALTON AVENUE	Phone Number (208) 665-2100
Administrator Bonita Powers	City COEUR D'ALENE	ZIP Code 83815	Survey Date June 17, 2014
Survey Team Leader Matt Hauser	Survey Type Initial Licensure and Complaint Investigation	RESPONSE DUE: July 17, 2014	
Administrator Signature <i>Bonita M Powers</i>	Date Signed 6/17/14		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	3 of 3 employees did not have a background check conducted by the Idaho State Police.	7/29/14	MH
2	220.02	2 of 2 residents' NSAs were used to determine rates but did not completely reflect the facility's charges, for example the NSA form contained 5 levels of care, but the facility only charged for 3 levels of care and there was no description of what services were provided in each level.	10/2/14	JK
3	305.03	The facility nurse did not document the status of Resident #2's wounds.	7/29/14	MH
4	600.05	The facility administrator did not supervise outside providers to ensure that Resident #3 received showers and eating assistance from the outside agency.	10/2/14	J
5	625.01	The facility's orientation did not meet rule, for example some forms were not signed, some did not document employees received 16 hours, and some employee records did not contain orientation forms.	7/29/14	MH
6	630.01	4 of 6 employees' records did not contain evidence of training in dementia.	7/29/14	MH
7	630.02	6 of 6 employees' records did not contain evidence of training in traumatic brain injury.	7/29/14	MH
8	630.04	6 of 6 employees' records did not contain evidence of training in mental illness.	7/29/14	MH
9	650.01	Residents #1 and #2's records did not contain evidence of uniform assessments.	7/29/14	MH
10	711.07	Resident #2's record did not contained a care plan from home health.	COS 6/17/14	MH
11	711.08.f	Resident #2 and #3's records did not contain notes from hospice and home health.	COS 6/17/14	MH
12	260.06	The facility was not maintained in a clean and orderly manner. The following was observed: the refrigerator, microwave and lazy susan was dirty; floors were dirty in residents' rooms; dust was accumulated under resident's beds; dirty linen was observed in residents' rooms; toilet paper was missing in residents' bathrooms; public bathrooms did not have toilet paper or liquid hand soap; there was a buildup of lint behind the dryer; dead weeds and flowers were observed in flower beds; and a light bulb was burned out in a resident's bathroom.	7/29/14	MH
13				
14				
15				



IDAHO DEPARTMENT OF

HEALTH & WELFARE Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
 3232 W. Elder Street, Boise, Idaho 83705
 208-334-6626

Critical Violations

Noncritical Violations

Establishment Name <u>Pacifica Sr. Living</u>		Operator <u>Bonita Powers (Admin)</u>	
Address <u>840 E. Dalton</u>		<u>Coeur D'Alene</u>	
County <u>Neotoma</u>	Estab # <u></u>	EHS/SUR # <u></u>	Inspection time: <u></u>
Inspection Type: <u>High</u>		Risk Category: <u>High</u>	Follow-Up Report: OR On-Site Follow-Up: Date: <u></u> Date: <u></u>

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

# of Risk Factor Violations	<u>0</u>	# of Retail Practice Violations	<u>1</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>0</u>	Score	<u>1</u>
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection		A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection	

The letter to the left of each item indicates that item's status at the inspection.

		COS	R
<u>Y</u> N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

		COS	R
<u>Y</u> N <u>N/O</u> <u>N/A</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	20. Date, marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance N = no, not in compliance
 N/O = not observed N/A = not applicable
 COS = Corrected on-site R = Repeat violation
 = COS or R

Item	Temp	Time	Location	Temp	Time	Location
<u>Cottage cheese (bridge)</u>	<u>35.2°</u>					
<u>Subsury Steak</u>	<u>170°</u>					

	COS	R		COS	R		COS	R
<input type="checkbox"/> 27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34. Food contamination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43. Thermometers/ Test strips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49. Other	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge (Signature) Myle Grew (Print) Myle Grew Title Dietary Manager Date 6-17-14

Inspector (Signature) Donna Hirschfeld (Print) Donna Hirschfeld Date 6/17/14

Follow-up: (Circle One) Yes No



Residential Assisted Living Facility Program, Medicaid L & C
3232 W. Elder Street, Boise, Idaho 83705
208-334-6626

Page 1 of 2
Date 6/17/14

Establishment Name <i>Pacific Senior Living Donita Powers</i>	Operator <i>Donita Powers</i>	
Address <i>840 E. Dalton, CPA</i>		
County Estab #	EHS/SUR.#	License Permit #

34. The ice scoop was sitting on top of the ice in the ice container. The scoop was removed. COS.

Person in Charge <i>Wally Dwyer</i>	Date <i>6-17-14</i>	Inspector <i>Donna Henschel</i>	Date <i>6/17/14</i>
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P.O. Box 83720
Boise, Idaho 83720-0009
EMAIL: ralf@dhw.idaho.gov
PHONE: 208-364-1962
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June 25, 2014

Bonita Powers, Administrator
Pacifica Senior Living Coeur d'Alene
840 E Dalton Avenue
Coeur d'Alene, ID 83815

Provider ID: RC-1067

Ms. Powers:

An unannounced, on-site complaint investigation was conducted at Pacifica Senior Living Coeur d'Alene between June 16, 2014 and June 17, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006242

Allegation #1: An identified resident was not given a 30 day notice when discharged from the facility.

Substantiated. However, the facility was not cited because the entity responsible for operations of the facility at the time of the incident was no longer operating the facility, as the facility changed ownership a second time, on December 1, 2013. Additionally, the facility allowed residents on Medicaid to stay at the facility if they chose to.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

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

FACILITY ROSTER / SAMPLE MATRIX
 FACILITY Pacific Senior Living of COA DATE 09/16/2014

Resident Number	Assigned Surveyor	Resident Room	Resident Name	1. Alzheimer's / Dementia Diagnosis	2. Developmental Disability Diagnosis	3. Mental Illness Diagnosis	4. Traumatic Brain Injury Diagnosis	5. Behavioral Symptoms	6. Private Pay	7. Self-Administers Medications	8. Adult Day Care	9. Contract Services	10. Swallowing/Chewing Problems	11. Skin Conditions - Enter a Code
1	LEDA	POKSEY	LEDA POKSEY											
2	VOLTA	POWELL	VOLTA POWELL					X						
3	JULIA	CURKSTO	JULIA CURKSTO											
4	JK	BUSHFIELD	JK BUSHFIELD			X		X						
5	DUANE	MARBUS	DUANE MARBUS					X						
3	DH	ZIMMERMAN	DH ZIMMERMAN					X						
1	MH	ENGELBRECHT	MH ENGELBRECHT			X		X						
8	CATHERINE	BUTTERMAN	CATHERINE BUTTERMAN			X								
9	EMYR	WILLIS	EMYR WILLIS			X								
2	KM	SHIRLEY EWERT	KM SHIRLEY EWERT									HH		
11	JAMES	BERNARD	11 JAMES BERNARD											
13	REGINA	DUMAS	13 REGINA DUMAS			X								
14	LOIS	DODGE	14 LOIS DODGE					X						
15	ROCHEL	HAYERS	15 ROCHEL HAYERS											

Closed
 Virginia Fletcher

closed, Gloria Hernandez

- yellow skirt

LICENSURE SURVEY		Exit Date 6/17/14	Region 1	Gold Silver	Facility Name PACIFICA Senior Living of CoA
Deficiencies <input type="checkbox"/> Clean <input checked="" type="checkbox"/> Punch List Items <input type="checkbox"/> Core <input type="checkbox"/> Repeats <input type="checkbox"/> X3				Team Leader Matt Hauser Team Member Ints SM, DH, GK	
Survey Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Licensure <input type="checkbox"/> Follow-up to core <input checked="" type="checkbox"/> Complaint # 6242 Other:					Submit to Sup. 6/24/14
Supervisor ▶ Review dt/int. 6/25/14	Enforcement Action Taken To Be Taken <input type="checkbox"/> Provisional License <input type="checkbox"/> Ban On Admission <input type="checkbox"/> Revocation <input type="checkbox"/> Monetary Penalties <input type="checkbox"/> Consultant: Administrator Rn Either <input type="checkbox"/> Other:		Referrals person referred Date Serf Int. <input type="checkbox"/> Ibol <input type="checkbox"/> Bon <input type="checkbox"/> Piu <input type="checkbox"/> Nltc (Medicaid) <input type="checkbox"/> Other:		
Support ▶	Letter/Survey Sent To Facility 6/26/14	Awards Sent —		POC/EOR Tracking 6/25/14	Access Entry 6/25/14
	POC Due: Extension(S): N/A	EOR Due: Extension(S) 7/17/14 8/25/14			
	Provisional License Issued: Expires: N/A	\$ Penalty Amount Due Date N/A	Consultant Due First Report Due N/A		
Supervisor ▶	Consultant Name		Approval Date		
Team Leader ▶	POC Received N/A	POC Accepted N/A	Allege Compliance 10/2/14	EOR Received 7/17/14	EOR Accepted 10/2/14
Support ▶	Late Letters @ 10 & 20 Days Past Due Consultant Reports Received Submit to Sup. if no EOR 60 days after exit or no POC 45 days after exit		Poc/Eor Accept Letter Sent/ 10/10/14		
Supervisor ▶	<input type="checkbox"/> Provisional License <input type="checkbox"/> Monetary Penalties <input type="checkbox"/> Consultant: Administrator Rn Either <input type="checkbox"/> Revocation <input type="checkbox"/> Ban On Admission <input type="checkbox"/> Other:				
Support ▶	Enforcement Letter Sent To Facility:				
Support ▶ Close Out (date&int)	Email Steve/ Ombudsman	Closed In Aco/Acts 10/10/14	Scan U Drive 11/2/14	Full License Restored	Customer Comment Sent 10/10/14

COMPLAINT INVESTIGATION		Received 10/4/13	Investigate By 12/3/13	Facility Name Pacifica Senior Living CDA		
Taken By Maureen		Acts # 10242	Ack. Letter Sent 12/3/13	Priority 1 (2) 3	Region I	
<input checked="" type="checkbox"/> Substantiated <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Both <i>lmao</i>				Team Leader <i>MATT HARPER</i> Team Member Initials: <i>DA, GK, RJM</i>		
Exit Date 6/17/14	Deficiencies <input type="checkbox"/> Clean <input checked="" type="checkbox"/> Punch List Items <input type="checkbox"/> Core <input type="checkbox"/> Repeats <input type="checkbox"/> X3				Submit To Supv 6/24/14	
Supervisor ▶ Review dt/int. 6/25/14	Enforcement Action Taken To Be Taken <input type="checkbox"/> Provisional License <input type="checkbox"/> Ban On Admission <input type="checkbox"/> Revocation <input type="checkbox"/> Monetary Penalties <input type="checkbox"/> Consultant: Administrator Rn Either <input type="checkbox"/> Other:		Referrals Name Date Sent Int. <input type="checkbox"/> Ibol _____ <input type="checkbox"/> Bon _____ <input type="checkbox"/> Piu _____ <input type="checkbox"/> Nltc (Medicaid) <input type="checkbox"/> Other:			
Support ▶	Letter/Survey Sent To Facility 6/26/14	Letter Sent To Complainant 6/26/14	POC/EOR Tracking 6/25/14	Access Entry 6/25/14		
	POC Due: Extension(S):		EOR Due: 7/17/14	Extension(S): 8/05/14		
	Provisional License Issued: Expires:	\$ Penalty Amount/Due Date	Consultant Due	First Report Due		
Supervisor ▶	Consultant Name		Approval Date			
Team Leader ▶	POC Received	POC Accepted	Allege Compliance	EOR Received 8/25/14	EOR Accepted 10/2/14	
Support ▶	Late Letters @ 10 & 20 Days Past Due Consultant Reports Received Submit to Sup. If no EOR 60 days after exit or no POC 45 days after exit			Poc/Eor Accept Letter Sent 10/10/14		
Supervisor ▶	<input type="checkbox"/> Provisional License <input type="checkbox"/> Monetary Penalties <input type="checkbox"/> Consultant: Administrator Rn Either <input type="checkbox"/> Revocation <input type="checkbox"/> Ban On Admission <input type="checkbox"/> Other:					
Support ▶	Enforcement Letter Sent To Facility:					
Support ▶ Close Out (date&int)	Email Steve/ Ombudsman	Close in Access 10/10/14	Closed In Aco/Acts 10/10/14	Scan U Drive 11/2/14	Full License Restored	Customer Comment Sent 10/10/14