



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
EMAIL: ralf@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

July 16, 2014

Melinda Widgren, Administrator
Aspen Springs Assisted Living
3254 Spirit Lake Cutoff Road
Spirit Lake, Idaho 83869

Provider ID: RC-906

Ms. Widgren:

A complaint investigation survey was conducted at Aspen Springs Assisted Living on July 11, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006549

Allegation #1: The facility did not have an adequate water supply that was safe and of a sanitary quality.

Findings #1: Visual observation on 7/11/14 by state survey staff confirmed adequate fire protect water as indicated by pressure gauge at the system riser and an observation of staff filling a wash bucket with clear water. A copy of the most recent water quality analysis was provided on 7/14/14. The report showed a sample date of June 4, 2014, and analysis date of June 5, 2014. The report documented, both e-Coli and Total Coliform indicated ABSENT.

Unsubstantiated.

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,


JAMIE SIMPSON, MBA, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

JS/sc

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