



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER -- Governor
RICHARD M. ARMSTRONG -- Director

DEBBY RANSOM, R.N., R.H.I.T. -- Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

February 17, 2015

Kerri Wells, Administrator
Prestige Assisted Living at Autumn Wind
200 West Beech Street
Caldwell, ID 83605

License #: RC-582

Dear Ms. Wells:

On January 6, 2015, a Fire Life Safety Survey was conducted at Prestige Assisted Living At Autumn Wind. 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.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Nathan Elkins, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

NATHAN ELKINS
Health Facility Surveyor
Facility Fire Safety & Construction Program

NE/lj



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January 7, 2015

Kerri Wells, Administrator
Prestige Assisted Living at Autumn Wind
200 West Beech Street
Caldwell, ID 83605

Dear Ms. Wells:

On January 6, 2015, a Fire Life Safety Survey was conducted at Prestige Assisted Living at Autumn Wind. The facility was found to be providing a safe environment for its residents.

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

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. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 5, 2015.

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

Sincerely,

MARK P. GRIMES, Supervisor
Facility Fire Safety & Construction Program

MPG/lj
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R582	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDIGN B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2015
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NAME OF PROVIDER OR SUPPLIER PRESTIGE ASSISTED LIVING AT AUTUMN WIN	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WEST BEECH STREET CALDWELL, ID 83605
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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
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R 000	<p>16.03.22 Initial Comments</p> <p>The facility was found to be in substantial compliance with the life safety code requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard life safety code survey conducted on January 6, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Nathan Elkins Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		
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Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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