



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](mailto:fsb@dhw.idaho.gov)

March 5, 2015

Alyssa Peterson, Administrator  
Heritage Assisted Living of Twin Falls  
622 Filer Avenue West  
Twin Falls, ID 83301

License #: RC-982

Dear Ms. Peterson:

On February 4, 2015, a Fire Life Safety Survey was conducted at Heritage Assisted Living of Twin Falls. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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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February 12, 2015

Alyssa Peterson, Administrator  
Heritage Assisted Living of Twin Falls  
622 Filer Ave W  
Twin Falls, ID 83301

Dear Ms. Peterson:

On February 4, 2015, a Fire Life Safety Survey was conducted at Heritage Assisted Living Of Twin Falls - Heritage Assisted Living, Inc.. 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 March 6, 2015.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Mark P. Grimes". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

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:  13R982	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 1  B. WING _____	(X3) DATE SURVEY COMPLETED  02/04/2015
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NAME OF PROVIDER OR SUPPLIER  HERITAGE ASSISTED LIVING OF TWIN FALLS	STREET ADDRESS, CITY, STATE, ZIP CODE 622 FILER AVE W TWIN FALLS, ID 83301
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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>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 February 4, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safety &amp; Construction</p>	R 000		
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Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X8) DATE \_\_\_\_\_



Facility Name <i>Heritage Assisted Living</i>	Physical Address <i>127 Filer Ave. West</i>	Phone Number <i>733-9064</i>
Administrator <i>Alyssa Peterson</i>	City <i>Twin Falls</i>	ZIP Code <i>83301</i>
Survey Team Leader <i>Nathan Atkins</i>	Survey Type <i>Fire Life Safety</i>	Survey Date <i>2/4/15</i>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	404.02 LSC 19363.2 Positive Latching	- Exit doors not positive latching in following areas: - Adjacent to RM 11 + Basement Access, RM 51 + PT RM, adjacent to RM 74	3/4/15 NE
2	405.05	1) Hazardous Areas not protected by self closing doors in following areas: Laundry Room, HK closet (greater than 50 sq ft) 2) Smoke Barrier Doors not closing properly to resist passage of smoke adjacent to RM 49 + Bathing room	3/4/15 NE
3	405.01	Multiplug adapters found in following areas: Medical Clerk OFFICE, Activity OFFICE, and Room 48	3/4/15 NE
4	415.01	Sprinkler escutcheons not sealed properly to ceiling located throughout entire facility	3/4/15 NE

Response Required Date

*3/4/15*

Signature of Facility Representative

*Val Belong*

*2/4/15*