



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 Eder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@chwi.idaho.gov

March 3, 2015

Donna Rhoades, Administrator
Friends & Family Living Center
165 + 175 + 185 + 195 Constellations Road
Idaho Falls, ID 83402

Dear Ms. Rhoades:

On February 26, 2015, a Life Safety Code, state Licensure survey was conducted at Friends & Family Living Center - Tierragold Assisted Living Center.

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 twenty-six (26) non-core issue deficiencies were identified on the punch lists and one (1) was identified as a repeat punch. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than March 28, 2015.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to the Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626. Thank you for your continued participation in the Idaho Residential Assisted Living Facility (RALF) Program.

Sincerely,

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

Bureau of Facility Standards

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R977 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 1 B. WING _____ | (X3) DATE SURVEY COMPLETED 02/26/2015 |
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| NAME OF PROVIDER OR SUPPLIER FRIENDS & FAMILY LIVING CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 165 + 175 + 185 + 195 CONSTELLATIONS ROAD IDAHO FALLS, ID 83402 |
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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 fire and life safety requirements of IDAPA 16.03.22 Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 26, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & Construction Program</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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| Facility Name FRIENDS & FAMILY LIVING CENTRAL | Physical Address 165 CONSTELLATION DRIVE | Phone Number 208-227-0804 |
| Administrator DONNA RHODES | City IDAHO FALLS | ZIP Code 83402 |
| Survey Team Leader SAM BURBANK | Survey Type FLS | Survey Date 2/26/15 |

NON-CORE ISSUES

| ITEM # | RULE # 16.03.22 | DESCRIPTION | DATE RESOLVED | L & C USE |
|--------|--------------------|--|-----------------------------|--------------------|
| * 1 | 405.11 | FACILITY IS NOT MAINTAINED FREE OF WEEDS & TRASH | 4/7/15 | SD |
| * 2 | 415.05 | 1) SPRINKLER SYSTEM GLYCERINE LEVEL IS OVER 60% 2) SPRINKLER HEADS LEAKING @ RM #7; B2; (2) @ #10; IN HALL @ B1/14; RM 13 & B3; B-1 HEAD CORRODED; HALL @ 11/12 LEAKING (REPEAT) | 4/7/15 5/11/15 4/7/15 | SD SD SD |
| * 3 | 405.03 | 1) UNSECURED OXYGEN @ RM #8 2) RISER RM STORING OXYGEN - NO SELF CLOSING DOOR - | 4/7/15 4/7/15 | SD SD |
| * 4 | 405.01 | 1) RM # 5 USING MULTI-PLUG EXTENSION CORD FOR COFFEE POT 2) NO EMERGENCY LIGHT TESTING LOG - (2) EMERGENCY LIGHTS WITH DEAD BATTERIES | 4/7/15 4/7/15 | SD SD |
| * 5 | 405.05 | RM # 6 DOOR DOES NOT LATCH | 4/7/15 | SD |
| 6 | 161.01 | FACILITY RESIDENTS USING NON-DESIGNATED SMOKING AREAS ABUTTING WEEDS & TRASH | 4/7/15 | SD |
| | | | | FACILITY STANDARDS |

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| Response Required Date 3/26/15 | Signature of Facility Representative Donna Rhodes | Date Signed 2-26-15 |
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| Facility Name FRIENDS of FAMILY LIVING CENTER | Physical Address 185 CONSTELLATION DR. | Phone Number 208 227 0804 |
| Administrator DONNA RHOADES | City IDAHO FALLS | ZIP Code 83402 |
| Survey Team Leader Sam Burbank | Survey Type FLS | Survey Date 2/26/15 |

NON-CORE ISSUES

| ITEM # | RULE # | DESCRIPTION | DATE RESOLVED | L & C USE |
|--------------------|--------|---|---------------|-----------|
| 1 | 405.11 | FACILITY IS NOT MAINTAINING FIRE OF WEEDS & TRASH | 4/7/15 | 83 |
| 2 | 415.05 | SPRINKLER HEAD IN KITCHEN "LOADED" WITH GREASE | 5/4/15 | 86 |
| 3 | 405.07 | DELAYED EGRESS DOOR SYSTEM NON-OPERATIONAL - POWERED BUT NOT FUNCTIONAL/ABLE TO TEST | 5/4/15 | 83 |
| 4 | 405.05 | PROPANE CYLINDER STORED IN COMBUSTIBLE CABINET ABUTTING NON-DESIGNATED SMOKING AREA | 4/7/15 | 83 |
| 5 | 405.01 | NO EMERGENCY LIGHT TESTING - (3) DEAD EMERGENCY LIGHTS | 4/7/15 | 83 |
| 6 | 415.01 | RM # 10 HAS EXCESSIVE STORAGE OF ITEMS BLOCKING SPRINKLER HEAD | 4/7/15 | 83 |
| 7 | 161.01 | FACILITY RESIDENTS NOT USING DESIGNATED SMOKING AREAS OR ASHTRAYS - SMOKING IN AREA ABUTTING PROPANE TANK | 4/7/15 | 83 |
| RECEIVED | | | | |
| MAR 24 2015 | | | | |
| FACILITY STANDARDS | | | | |

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| Response Required Date 3/26/15 | Signature of Facility Representative <i>Donna Rhoades</i> | Date Signed 2-26-15 |
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| Facility Name FRIENDS & FAMILY LIVING CENTER | Physical Address 195 CONSTELLATION DR. | Phone Number 208 227 0804 |
| Administrator DONNA RHOADES | City IDAHO FALLS | ZIP Code 83402 |
| Survey Team Leader SAM BURBANK | Survey Type FLS | Survey Date 2/26/15 |

NON-CORE ISSUES

| ITEM # | RULE # | DESCRIPTION | DATE RESOLVED | L & C USE |
|--------|--------|---|---------------|-----------|
| 1 | 405.11 | 1) FACILITY IS NOT MAINTAINED FREE OF WEEDS & TRASH | 4/7/15 | SB |
| | | 2) ABANDONED CAR FULL OF TRASH STORMD ON PROPERTY | 4/7/15 | SB |
| 2 | 415.01 | PANTRY SPRINKLER HEAD IN CLOSET MISSING - ESCUTCHION | 5/4/15 | SB |
| 3 | 405.07 | PANTRY DOOR HAS PRIVACY LOCK & HASP/PADLOCK - NON-SINGLE OPERATIONAL FROM SERVICE SIDE | 2-26-15 | |
| 4 | 405.05 | 1) RM # 10 DOOR NOT LATCHING | 4/7/15 | SB |
| | | 2) WATER LOCATOR ON SIDEWALK RAISED ABOVE CONCRETE 1" TO 1-1/2" - TRIPPING HAZARD | 4/7/15 | SB |
| 5 | 405.01 | 1) NO EMERGENCY LIGHT TESTING LOG - (3) DEAD EMERGENCY LIGHTS | 4/7/15 | SB |
| | | 2) MISSING LIGHT SWITCH COVER RM 2 | 4/7/15 | SB |
| | | 3) (2) FREEZERS PLUGGED INTO RELOCATABLE POWER TAP EXCEEDED RATED USAGE | 4/7/15 | SB |
| | | RECEIVED | | |
| | | MAR 24 2015 | | |
| | | FACILITY STANDARDS | | |

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| Response Required Date 3/26/15 | Signature of Facility Representative | Date Signed 2-26-15 |
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| Facility Name FRIENDS & FAMILY LIVING CENTER | Physical Address 205 CONSTELLATION DRIVE | Phone Number 208 227-0804 |
| Administrator DONNA RHOADES | City IDAHO FALLS | ZIP Code 83402 |
| Survey Team Leader SAM BURBANK | Survey Type FLS | Survey Date 2/26/15 |

NON-CORE ISSUES

| ITEM # | RULE # | DESCRIPTION | DATE RESOLVED | L & C USE |
|--------|--------|--|---------------|-----------|
| 1 | 405.11 | FACILITY IS NOT MAINTAINED FREE OF WEEDS & TRASH | 4/7/15 | SD |
| 2 | 250.10 | WATER TEMP IS @ 140° - BUILDING UNSECURED & LICENSED 99° | 5/4/15 | SD |
| 3 | 405.05 | 1) NORTH CORRIDOR USED FOR STORAGE OF COMBUSTIBLES WITHOUT SELF-CLOSING DOORS | 5/4/15 | SD |
| | | 2) BACK DOOR ON NORTH CORRIDOR - DOOR LOCK IS NOT FUNCTIONAL | 4/7/15 | SD |
| | | 3) RISER RM USED FOR STORAGE OF EXT FLAMMABLE LIQUIDS - GASOLINE - NO SELF CLOSING DOOR | 4/7/15 | SD |
| | | 4) RM 11 CONVERTED TO RECORDS STORAGE - NO SELF-CLOSING DOOR | 4/7/15 | SD |
| 4 | 405.01 | 1) NO COVER PLATE ON OUTLET IN MECHANICAL ROOM | 4/7/15 | SD |
| | | 2) NO EMERGENCY LIGHT TESTING - (2) DEAD EMERGENCY LIGHTS | 4/7/15 | SD |

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| Response Required Date 3/26/15 | Signature of Facility Representative <i>Donna Rhoades</i> | Date Signed 2-26-15 |
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