



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 23, 2015

Tracy Whitley, Administrator  
Annabelle House  
917 East Ustick Road  
Caldwell, ID 83605

License #: RC-1058

Dear Ms. Whitley:

On March 2, 2015, a Fire Life Safety Survey was conducted at Annabelle House. 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



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 12, 2015

Tracy Whitley, Administrator  
Annabelle House  
917 East Ustick Road  
Caldwell, ID 83605

Dear Ms. Whitley:

On March 2, 2015, a Fire Life Safety Survey was conducted at Annabelle House. 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 April 2, 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", with a long horizontal line 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:  13R1058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ANNABELLE HOUSE  B. WING _____	(X3) DATE SURVEY COMPLETED  03/02/2015
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  ANNABELLE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 917 EAST USTICK ROAD CALDWELL, ID 83605
---	---

(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 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 March 2, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safety &amp; Construction</p>	R 000		
-------	--	-------	--	--

Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_



Facility Name <i>Dunbarville House</i>	Physical Address <i>917 E. Ustick Rd</i>	Phone Number <i>208-455-9324</i>
Administrator <i>Troy Whitely</i>	City <i>Caldwell</i>	ZIP Code <i>83605</i>
Survey Team Leader <i>Matthew Elkins</i>	Survey Type <i>Fire / Life Safety</i>	Survey Date <i>3/2/15</i>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	416.02	Facility failed to ensure fire drills were conducted one (1) per shift per quarter. Missing AM + PM drill for 2nd quarter	3-17-15	NE
2	405.05	Facility failed to ensure hazardous area doors were self-closing. Laundry room door was impeded by a door stop	3-3-15	NE
3	415.04	Facility failed to ensure smoke detectors were properly maintained. DM 104 smoke detector appeared to be disconnected	3-17-15	NE
4	405.05	Facility failed to ensure smoke compartment doors were properly maintained. Smoke compartment door in corridor near room <del>104/104</del> <sup>126/127<sup>re</sup></sup> would properly close and latch	3-17-15	NE

Response Required Date <i>4/2/15</i>	Signature of Facility Representative 	Date Signed <i>3/2/15</i>
---	--	------------------------------