



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

April 28, 2015

Scot Halladay, Administrator
Alpine Meadows Assisted Living
1695 South Locust Grove Road
Meridian, ID 83642

License #: RC-988

Dear Mr. Halladay:

On March 25, 2015, a Fire Life Safety Survey was conducted at Alpine Meadows Assisted Living. 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 Sam Burbank, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

SAM BURBANK
Health Facility Surveyor
Facility Fire Safety & Construction Program

SB/lj



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

April 2, 2015

Scot Halladay, Administrator
Alpine Meadows Assisted Living
1695 S Locust Grove Road
Meridian, ID 83642

Dear Mr. Halladay:

On March 25, 2015, a Life Safety Code survey was conducted at Alpine Meadows Assisted Living.

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 three (3) non-core issue deficiencies were identified on the punch list 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 April 24, 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, option 3. 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R988	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2015
--	--	--	--

NAME OF PROVIDER OR SUPPLIER ALPINE MEADOWS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1695 S LOCUST GROVE RD MERIDIAN, ID 83642
--	---

(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 25, 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		

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



Facility Name ALPINE MEADOWS	Physical Address 1695 Locust Grove	Phone Number
Administrator SCOT HALLADAY	City MERIDIAN	ZIP Code 83642
Survey Team Leader Sam Burbank	Survey Type FLS	Survey Date 3/25/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	402	DOORS TO MND/RECEPTIONS ROOM ON FIRST FLOOR HOLD OPEN WITH DOOR WEDGE - REPEAT - CITED 5/8/12 80 SQUARE FEET HAZARDOUS AREA	4/1/15	<input checked="" type="checkbox"/>
2	415.04	BATTERIES OF FIRE ALARM ON REPORT & IN FACP ARE FAILED - BATTERIES REPLACED	4/15/15	<input checked="" type="checkbox"/>
3	405.01	ELECTRICAL CORDS DAISSY-CHAINED OVER ROOM 105 DOOR INTO MULTIPLE PLUG EXTENSION CORD (NON-GROUND)	4/1/15	<input checked="" type="checkbox"/>
		2) EXTENSION CORD IN PLANO AREA ON 1ST FLOOR	3/25/15	<input checked="" type="checkbox"/>

RECEIVED
APR 22 2015

Response Required Date 4/25/15	Signature of Facility Representative 	FACILITY STANDARDS	Date Signed 3/25/15
--	--	--------------------	-------------------------------