



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

May 13, 2015

Caroline Young, Administrator
Gables of Blackfoot Assisted Living
2815 Hunters Loop.
Blackfoot, ID 83221

License #: RC-1061

Dear Ms. Young:

On April 7, 2015, a Fire Life Safety Survey was conducted at Gables of Blackfoot 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



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April 16, 2015

Caroline Young, Administrator
Gables of Blackfoot Assisted Living
2815 Hunters Loop
Blackfoot, ID 83221

Dear Ms. Young:

On April 7, 2015, a Fire Life Safety Survey was conducted at Gables of Blackfoot Assisted Living. 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 May 7, 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: 13R1061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2015
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NAME OF PROVIDER OR SUPPLIER GABLES OF BLACKFOOT ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2815 HUNTERS LOOP BLACKFOOT, ID 83221
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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 April 7, 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 _____



Facility Name GABLES OF BLACKFOOT	Physical Address 2815 S. HUNTERS LOOP	Phone Number 208-785-2506
Administrator CAROLINE YOUNG HANSEN CAROL ANN WISE	City BLACKFOOT	ZIP Code 83221
Survey Team Leader SM BURBANK	Survey Type FLS	Survey Date 4/7/15

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.01	LARGE REFRIGERATOR/FREEZER USING EXTENSION CORD IN RISER RM		
2	405.05	EMERGENCY LIGHT IN HALL OUTSIDE RM/OFFICE) EVEN FACIP DEAD BULB; EXIT LIGHT @ END OF SOUTH HALL - DEAD BATTERY		
3	410.02	MISSED NOC SHIFT & PM SHIFT FIRE DRILLS IN 3RD QUARTER - DAY SHIFT ONLY - DISPLAN		
4	750.01	ADMINISTRATOR ASSURES FIRE DRILLS ARE CONDUCTED FOR EACH PM QUARTER		

Response Required Date 5/7/15	Signature of Facility Representative Carole Owen Caroline Young Hansen	Date Signed 4/8/15 4/7/15
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