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

Angela Howell, Administrator
Gables of Pocatello Assisted Living
PO Box 26
Blackfoot, ID 83221

License #: RC-1062

Dear Ms. Howell:

On April 10, 2015, a Fire Life Safety Survey was conducted at Gables of Pocatello 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 17, 2015

Angela Howell, Administrator
Gables of Pocatello Assisted Living
PO Box 26
Blackfoot, ID 83221

Dear Ms. Howell:

On April 10, 2015, a Fire Life Safety Survey was conducted at Gables Of Pocatello 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 11, 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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED
	13R1062		04/10/2015

NAME OF PROVIDER OR SUPPLIER: GABLES OF POCATELLO ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE: 2805 S GRANT AVENUE, POCATELLO, ID 83204

(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	Initial Comments 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 10, 2015. The surveyor conducting the survey was: Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & Construction Program	R 000		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

IDAHO DEPARTMENT OF
HEALTH & WELFARE

MEDICAID L & C – RALF PROGRAM
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
GABLES OF POCATELLO'L	2805 S. GRANT AVE	208 [illegible]
Administrator	**City**	**ZIP Code**
ANGELA HOWELL	POCATELLO	83204
Survey Team Leader	**Survey Type**	**Survey Date**
[illegible]	FLS	4/10/15

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.03	(4) UNSECURED OXYGEN "E" CYLINDERS IN RM #15	5/11/15	SB
~~2~~	~~[illegible]~~	~~[illegible] IN SPRINKLER [illegible]~~		
		~~[illegible]~~		
		~~[illegible]~~		

Response Required Date	Signature of Facility Representative	Date Signed
5/10/15	Angela Howell	4/10/15