



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

June 8, 2015

Jill Williams, Administrator
Golden Pines-- Rural Assisted Living Facilities
235 North 4200 East
Rigby, ID 83442

License #: RC-913

Dear Ms. Williams:

On April 29, 2015, a Fire Life Safety Survey was conducted at Golden Pines-- Rural Assisted Living Facilities. 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



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May 13, 2015

Jill Williams, Administrator
Golden Pines-- Rural Assisted Living Facilities
235 North 4200 East
Rigby, ID 83442

Dear Ms. Williams:

On April 29, 2015, a Life Safety Code survey was conducted at Golden Pines-- Rural Assisted Living Facilities.

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 four (4) non-core issue deficiencies were identified on the punch list and four (4) were identified as repeat punches. 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 **May 29, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R913	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN PINES-RURAL ASSISTED LIVING FAC	STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH 4200 EAST RIGBY, ID 83442
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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
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the life safety code requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard life safety code survey conducted on April 29, 2015.</p> <p>The survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safety & Construction</p>	R 000		

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



Facility Name <i>Golden Pines</i>	Physical Address <i>235 N. 4200 East</i>	Phone Number <i>208-745-7454</i>
Administrator <i>Jill Williams</i>	City <i>Rigby ID</i>	ZIP Code <i>83442</i>
Survey Team Leader <i>Nate Elkins</i>	Survey Type <i>Fire Life Safety</i>	Survey Date <i>4-29-15</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	750.	The administrator is not maintaining the facilities fire life safety records in the facility - Repeat	5-27-15	NE
2	415.05	The facility does not have a documented annual sprinkler system inspection report - Repeat	5-27-15	NE
3	415.02	The facility does not have a documented annual fuel fired heating device inspection report - Repeat	5-27-15	NE
4	415.04	The facility does not have a documented annual fire alarm inspection report - Repeat	5-27-15	NE

Response Required Date <i>5-29-15</i>	Signature of Facility Representative <i>Golden Pines</i>	Date Signed <i>4-29-15</i>
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