



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 19, 2015

Steven Funk, Administrator
Teton Peaks Assisted Living
PO Box 2122
Idaho Falls, ID 83403

License #: RC-1041

Dear Mr. Funk:

On April 30, 2015, a Fire Life Safety Survey was conducted at Teton Peaks 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 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

May 13, 2015

Steven Funk, Administrator
Teton Peaks Assisted Living
PO Box 2122
Idaho Falls, ID 83403

Dear Mr. Funk:

On April 30, 2015, a Fire Life Safety Survey was conducted at Teton Peaks 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 30, 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". The signature is fluid and cursive, with a long horizontal flourish 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: 13R1041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE FACILITY B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TETON PEAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 655 VALLEY CENTRE DRIVE DRIGGS, ID 83422
--	--

(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 30, 2015.</p> <p>The surveyor conducting the survey was:</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

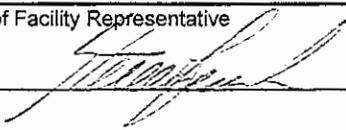
(X6) DATE



Facility Name <i>Teton Peaks Assisted Living</i>	Physical Address <i>655 Valley Center Dr</i>	Phone Number <i>354-0263</i>
Administrator <i>Steve Funk</i>	City <i>Driggs</i>	ZIP Code <i>83422</i>
Survey Team Leader <i>Nathan Elkins</i>	Survey Type <i>Fire Life Safety</i>	Survey Date <i>4-30-15</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	415.01	Improper Mixture Percentage of Anti-freeze inside Sprinkler system * Documents state 57.89% of glycerin found in system * Date of documented test 3-24-15	6-18-15 NE
2	415.01	Emergency light not operation in Main Pathrooms (2) and laundry room	5-20-15 NE
3	405.0507	All three exit have multiple action locks	5-20-15 NE

Response Required Date <i>5-30-15</i>	Signature of Facility Representative 
--	---