



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 Ecker Street  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

June 15, 2015

Kaddy Fyfe, Administrator  
Parkwood Meadows Assisted Living Community  
1885 Parkwood Street  
Idaho Falls, ID 83401

License #: RC-564

Dear Ms. Fyfe:

On May 4, 2015, a Fire Life Safety Survey was conducted at Parkwood Meadows Assisted Living Community. 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



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 83720-0609  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

May 13, 2015

Kaddy Fyfe, Administrator  
Parkwood Meadows Assisted Living Community  
1885 Parkwood Street  
Idaho Falls, ID 83401

Dear Ms. Fyfe:

On May 4, 2015, a Life Safety Code survey was conducted at Parkwood Meadows Assisted Living Community.

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 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 **June 3, 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:  13R564	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  05/04/2015
--	--	--	--

NAME OF PROVIDER OR SUPPLIER: PARKWOOD MEADOWS ASSISTED LIVING CC  
STREET ADDRESS, CITY, STATE, ZIP CODE: 1885 PARKWOOD STREET IDAHO FALLS, ID 83401

(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><b>Initial Comments</b></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 May 4, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety &amp; Construction Program</p>	R 000		
-------	--	-------	--	--

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



Facility Name <b>Parkwood Meadows</b>	Physical Address <b>1885 Parkwood St.</b>	Phone Number <b>208 523 7800</b>
Administrator <b>Kaddy Fyfe</b>	City <b>IDAHO FALLS</b>	ZIP Code <b>83401</b>
Survey Team Leader <b>Sam Burbank</b>	Survey Type <b>FLS</b>	Survey Date <b>5/4/15</b>

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.01	1) 6-2 MULTIPLE PLUG ADAPTER @ ENTRY 2) 3-1 MULTIPLE PLUG ADAPTER @ RM 722 3) DAISY-CHAINED EXTERIOR LIGHTING PLUGGED INTO EXTENSION CORD LAYING IN PLANTER	5/28/15 5/28/15	SPB SPB
		4) RM III MISSING ALL ELECTRICAL OUTLET & SWITCH COVERS	5/28/15	SPB
2	415.05	1) 5 "LOADED" HEADS FOUND IN UPPER (SOUTH) & BEAUTY SALON (2) 2) PAINTED HEAD FOUND IN CLOSET OF RM 110	5/28/15	SPB SPB
3	405.05	1) RM III USED AS STORAGE - DOOR NOT SELF-CLOSING 2) NORTHEAST STAIRWELL HAD RECORDS/DESTRUCTION/RECYCLE BIN STARTED IN LANDING (CRD) 3) STORAGE RM ON SECOND FLOOR BEING USED - NOT SELF-CLOSING; DOORS FROM KITCHEN TO DINING WONT S/C	5/28/15 5/28/15 5/28/15	SPB SPB SPB
<b>(REPEAT)</b>				
4	415.05	NO QUARTERLY SMOKE/ALERT INSPECTIONS - ONLY SEMI-ANNUAL	5/28/15	SPB
Response Required Date <b>6/4/15</b>	Signature of Facility Representative <i>Kaddy Fyfe</i>		Date Signed <b>5/4/15</b>	



Facility Name <b>Parkwood Meadows</b>	Physical Address <b>1885 Parkwood St.</b>	Phone Number <b>208 523 7800</b>
Administrator <b>Kaddy Fyre</b>	City <b>IDAHO FALLS</b>	ZIP Code <b>83401</b>
Survey Team Leader <b>Sam Burbank</b>	Survey Type <b>FLS</b>	Survey Date <b>5/4/15</b>

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.01	1) 6-2 MULTIPLE PLUG ADAPTER @ ENTRY	5/28/15	<del>8B</del>
		2) 3-1 MULTIPLE PLUG ADAPTER @ RM 722	5/28/15	8B
		3) DAISY-CHAINED EXTENSION LIGHTING PLUGGED INTO EXTENSION CORD LAYING IN PLANTER	5/28/15	8D
		4) RM 111 MISSING ALL ELECTRICAL OUTLET & SWITCH COVERS	5/28/15	8B
2	415.05	1) 5) "LOADED" HEADS FOUND IN-UPPER LEVEL (3) (SOUTH) & -BEAUTY SALON (2)	5/28/15	8D
		2) PAINTED HEAD FOUND IN CLOSET OF RM 110	5/28/15	8D
3	405.05	1) RM 111 USED AS STORAGE - DOOR NOT SELF-CLOSING	5/28/15	8D
		2) NORTHEAST STAIRWELL HAD RECORDS/DESTRUCTION/RECYCLE BIN STORED IN LANDING (CRD)	5/28/15	8D
		3) STORAGE RM ON SECOND FLOOR BEING USED - NOT SELF-CLOSING; DOORS FROM KITCHEN TO DINING WONT S/C	5/28/15	8D
<del>4</del>	<del>405.05</del>	<del>NO STORAGE IN STAIRWELL EXTENSION CORDS IN STAIRWELL</del>	<del>5/28/15</del>	<del>8B</del>

Response Required Date <b>6/4/15</b>	Signature of Facility Representative <i>Kaddy Fyre</i>	Date Signed <b>5/4/15</b>
---	---	------------------------------