



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](mailto:fsb@dhw.idaho.gov)

May 13, 2015

Amy Johnson, Administrator  
Gardens of Rigby  
3693 South Milan Way  
Meridian, ID 83642

License #: RC-962

Dear Ms. Johnson:

On May 5, 2015, a Fire Life Safety Survey was conducted at The Gardens of Rigby. 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



C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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](mailto:fsb@dhw.idaho.gov)

May 13, 2015

Amy Johnson, Administrator  
Gardens of Rigby  
130 + 144 Stockham Boulevard  
Rigby, ID 83442

Dear Ms. Johnson:

On May 5, 2015, a Life Safety Code survey was conducted at The Gardens of Rigby.

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 ten (10) 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 June 4, 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:  13R962	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  05/05/2015
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  GARDENS OF RIGBY	STREET ADDRESS, CITY, STATE, ZIP CODE 130 + 144 STOCKHAM BOULEVARD RIGBY, ID 83442
--	--

(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 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 5, 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>GARDENS OF RIBBY</b>	Physical Address <b>130 STOCKHAM BLDG 2</b>	Phone Number <b>208 745 7290</b>
Administrator <b>AMY JOHNSON</b>	City <b>RIBBY</b>	ZIP Code <b>83442</b>
Survey Team Leader <b>SAW BURBANK</b>	Survey Type <b>RES</b>	Survey Date <b>5/5/14</b>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.01	1) NO EMERGENCY LIGHTING TESTING PERFORMED ON 30 SECONDS MONTHLY & 90 MINUTES ANNUALLY 2) 2 OF 3 EMERGENCY LIGHTS FAILED TESTING	5/7/15	
2	415.04 750.05	NO ANNUAL FIRE-ALARM SYSTEM INSPECTION - REPORT CITED ON 10/22/13	5/8/15 5/11/15	
3	415.03	NO ANNUAL INSPECTION OF FIRE EXTINGUISHERS - REPORT - CITED 10/22/13	5/8/15 5/11/15	
4	415.02	NO ANNUAL INSPECTION OF FUEL BURNED HEATING	5/8/15	
5	405.05	1) WATER TEMP @ 125 DEGREES 2) <del>EXCESSIVE STORAGE IN HALL CLOSET - NO SELF-CLOSING DOOR</del>	5/5/14	

Response Required Date <b>6/5/14</b>	Signature of Facility Representative 	Date Signed <b>5/6/5/14/15</b>
---	--	-----------------------------------