



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: [fst@dhw.idaho.gov](mailto:fst@dhw.idaho.gov)

June 15, 2015

Jodie Galloway, Administrator  
Elegant Residential Assisted Living, Inc.  
1256 Wright Avenue, Bldg. A  
Pocatello, ID 83201

License #: RC-916

Dear Ms. Galloway:

On May 6, 2015, a Fire Life Safety Survey was conducted at Elegant Residential Assisted Living, Inc. 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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May 14, 2015

Jodie Galloway, Administrator  
Elegant Residential Assisted Living, Inc.  
1256 Wright Avenue, Building A  
Pocatello, ID 83201

Dear Ms. Galloway:

On May 6, 2015, a Fire Life Safety Survey was conducted at Elegant Residential 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 June 5, 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 stroke 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:  13R916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  05/06/2015
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NAME OF PROVIDER OR SUPPLIER  ELEGANT RESIDENTIAL ASSISTED LIVING, IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1256 WRIGHT AVENUE, BLDG A POCATELLO, ID 83201
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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
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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 6, 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		
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Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Facility Name <b>ELIZANT ASSISTED LIVING</b>	Physical Address <b>1256 WRIGHT - BLDG #1</b>	Phone Number <b>208-478-9400</b>
Administrator <b>JODIE GALLOWAY</b>	City <b>IDAHO FALLS</b>	ZIP Code <b>83201</b>
Survey Team Leader <b>SAM BURBANK</b>	Survey Type <b>FLS</b>	Survey Date <b>5/6/15</b>

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	410.02	NO RECORDS OF ANY FIRE DRILLS CONDUCTED IN 4TH QUARTER OF 2014	6/1/2015	3
2	415.02	NO RECORD OF ANNUAL FUEL BURN HEATING INSPECTION PERFORMED	5/22/15	3
3	415.05	1) ANTI-FREEZE SHOWN ON REPORT & RISER TAG SHOWS SYSTEM BEING OVER PERCENTAGE ALLOWED CONCENTRATION	6/12/15	3
		2) RISER RIM BEING USED FOR RECORDS STORAGE & DOOR IS NOT SELF-CLOSING	6/3/15	3
		3) SPRINKLER @ PUBLIC RESTROOM IS CORRODED	6/12/15	2
		4) RISER NOT LABELED FOR TYPE OF ANTI-FREEZE	6/12/15	1
		5) INSUFFICIENT SUPPLY OF SPRINKLER HEADS IN RISER	6/12/15	3
		6) REPORT INDICATES SPRINKLER GAUGING OVER 5 YEARS OLD & NEED REPLACED	6/12/15	3

Response Required Date <b>6/6/15</b>	Signature of Facility Representative 	Date Signed <b>5-6-2015</b>
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Facility Name <b>ELEGANT ASSISTED LIVING</b>	Physical Address <b>1255 HEYER BLDG # 2</b>	Phone Number <b>208-478-9400</b>
Administrator <b>JODIE GALOYAN</b>	City <b>IDAHO FALLS</b>	ZIP Code <b>83201</b>
Survey Team Leader <b>SM BURBANK</b>	Survey Type <b>PLS</b>	Survey Date <b>5/6/15</b>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	410.02	NO RECORDS OF 4TH QUARTER FIRE DRILLS HAVING BEEN PERFORMED	6/1/15	SB
2	415.02	NO RECORD OF ANNUAL FIRE-ALARM HOODING INSPECTION	5/22/15	SB
3	415.05	1) RISER DOES NOT INDICATE TYPE OF ANTI-FRIZZ	6/12/15	SB
		2) REPORT INDICATES SPRINKLER GAUGES HAVE 5 YARDS OLD & NEED REPLACED	6/12/15	SB
		3) RISER RM BEING USED FOR RECORDS STORAGE & DOOR IS NOT SELF-CLOSING	6/3/15	SB
		4) INSUFFICIENT NUMBER OF SPARK SPRINKLER HEADS	6/12/15	SB
		5) SPRINKLER OUTSIDE RM 12 FULLY COVERED	6/12/15	SB
		6) DEFICIENCY OF SPRINKLER HANDHEADS NOTED ON REPORT	6/12/15	SB

Response Required Date <b>6/6/15</b>	Signature of Facility Representative 	Date Signed <b>5-6-2015</b>
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Facility Name <b>ELEGANT ASSISTED LIVING</b>	Physical Address <b>1260 WRIGHT BLDG #3</b>	Phone Number <b>208-478-9400</b>
Administrator <b>JODIE GALLOWAY</b>	City <b>IDAHO FALLS</b>	ZIP Code <b>83201</b>
Survey Team Leader <b>SAM BURBANK</b>	Survey Type <b>FLS</b>	Survey Date <b>5/6/15</b>

NON-CORE ISSUES				
ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	410.02	NO RECORDS OF 4TH QUARTER FIRE-DRILLS HAVING BEEN PERFORMED	5/27/15	<del>SB</del>
2	415.02	NO RECORD OF ANNUAL FIRE-FIELD HEALTH INSPECTION	5/22/15	<del>SB</del>
3	415.05	1) RISER IS LEAKING ANTI-FREEZE	6/12/15	<del>SB</del>
		2) INSUFFICIENT SPRINKLERS - NUMBER OF - IN BOX	6/12/15	<del>SB</del>
		3) RISER RIM BEING USED FOR RECORDS STORAGE AND DOOR NOT SELF-CLOSING	6/3/15	<del>SB</del>
		4) REPORT INDICATES GAUGES OVER 5-YEARS OLD & NEED TO BE REPLACED	6/12/15	<del>SB</del>
		5) FDC CAP NEEDS TO BE REPLACED - REPORT INDICATES GASKET IS DEFECTIVE	6/12/15	<del>SB</del>
		6) BACKFLOW PREVENTER APPEARS EXCESSIVELY CALIBERED	6/12/15	<del>SB</del>
		7) ANTI-FREEZE IN RISER INDICATES OVER ALLOWABLE CONCENTRATION	6/12/15	<del>SB</del>

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