



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

July 13, 2015

Jodie Galloway, Administrator
Carefix-- Juniper Grove Assisted Living
5685 South Bannock
Pocatello, ID 83204

License #: RC-1016

Dear Ms. Galloway:

On June 2, 2015, a Fire Life Safety Survey was conducted at Carefix-- Juniper Grove 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



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June 10, 2015

Jodie Galloway, Administrator
Carefix-- Juniper Grove Assisted Living
5685 South Bannock
Pocatello, ID 83204

Dear Ms. Galloway:

On June 2, 2015, a Fire Life Safety Survey was conducted at Carefix-- Juniper Grove 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 July 2, 2015.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK P. GRIMES, Supervisor
Facility Fire Safety & Construction Program

MPG/lj
Enclosure

Bureau of Facility Standards

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|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1016 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - CAREFIX-JUNIPER GROVE ASSISTED LIVING B. WING _____ | (X3) DATE SURVEY COMPLETED 06/02/2015 |
|--|---|--|--|

NAME OF PROVIDER OR SUPPLIER
CAREFIX-JUNIPER GROVE ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**5685 S BANNOCK
POCATELLO, ID 83204**

| (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 June 2, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safet & Construction</p> | R 000 | | |
|-------|--|-------|--|--|

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

