



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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

TAMARA PRISOCK – ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

August 14, 2015

Janet Johnson, Administrator  
Pocatello Assisted Living Center  
520 Willard Avenue  
Pocatello, ID 83201

License #: Rc-804

Dear Ms. Johnson:

On June 2, 2015, a Fire Life Safety Survey was conducted at Pocatello Assisted Living Center. 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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PHONE: (208) 334-6626  
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E-mail: [fsb@idhw.idaho.gov](mailto:fsb@idhw.idaho.gov)

June 12, 2015

Janet Johnson, Administrator  
Pocatello Assisted Living Center  
520 Willard Avenue  
Pocatello, ID 83201

Dear Ms. Johnson:

On June 2, 2015, a Life Safety Code, state Licensure survey was conducted at Pocatello Assisted Living Center.

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 eight (8) 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 July 2, 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, option 3.

Sincerely,

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

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 1  B. WING _____	(X3) DATE SURVEY COMPLETED  06/02/2015
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NAME OF PROVIDER OR SUPPLIER  POCATELLO ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 520 WILLARD AVENUE 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 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 June 2, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safety &amp; Construction</p>	R 000		
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Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_



Facility Name <i>Pucatello Assisted Living Center</i>	Physical Address <i>530 Willard Ave</i>	Phone Number <i>208-261-2610</i>
Administrator <i>Janet Johnson</i>	City <i>Pucatello</i>	ZIP Code <i>83201</i>
Survey Team Leader <i>Nate Etkins</i>	Survey Type <i>Fire Life Safety</i>	Survey Date <i>6-2-15</i>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	415.02	Missing inspection records of fuel fired heating systems/ devices - Repeat write up	7-1-15 NE
2	415.05	Missing inspection report for annual sprinkler system inspection/testing	8-17-15 NE
3	750.01	Administrator is not maintaining fire drill reports	7-1-15 NE
4	410.02	Missing fire drill reports for PM/AM shift 1 <sup>st</sup> quarter, all of 2 <sup>nd</sup> /3 <sup>rd</sup> quarter, and AM/PM shift 4 <sup>th</sup> quarter Repeat write up	7-2-15 NE
5	405.01(b)	Room 5+7 found extension cords Room 5 extension was found Piggy backing from surge protector	7-2-15 NE
6	405.01	Room 1+10 found O2 concentrators plugged into surge protectors	7-2-15 NE

Response Required Date

*7-2-15*

Signature of Facility Representative

*[Handwritten Signature]*

