



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

June 12, 2015

Linda Biain, Administrator
Cenoma House
1930 Heyburn Avenue East
Twin Falls, ID 83301

License #: RC-479

Dear Ms. Biain:

On June 5, 2015, a Fire Life Safety Survey was conducted at Cenoma House. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- 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 12, 2015

Linda Biain, Administrator
Cenoma House
1930 Heyburn Avenue East
Twin Falls, ID 83301

Dear Ms. Biain:

On June 5, 2015, a Fire Life Safety Survey was conducted at Cenoma House. 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 5, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R479	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2015
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NAME OF PROVIDER OR SUPPLIER CENOMA HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1930 HEYBURN AVENUE EAST TWIN FALLS, ID 83301
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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 5, 2015.</p> <p>The survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safety & Construction</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 <i>Genoma House</i>	Physical Address <i>1930 Hayburn Ave E.</i>	Phone Number <i>736-7471</i>
Administrator <i>Linda Biain</i>	City <i>Twin Falls</i>	ZIP Code <i>83301</i>
Survey Team Leader <i>Nate Etkins</i>	Survey Type <i>Fire Life Safety</i>	Survey Date <i>6-5-15</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	415.02	Missing inspection records for annual fuel fired heating system. *Last inspection document found dated 12-17-13*	6-10-15 NE
2	415.041	Missing inspection record for annual fire alarm system test/inspection. *Last inspection document found dated 5-9-14*	6-10-15 NE
3	410.02	Fire Drills not being conducted 1 per shift per quarter. Missing PM shift 1st quarter, NOC shift 2nd, 3rd, and 4th quarters.	6-10-15 NE
4	415.01	Emergency light #2 is not operational	6-10-15 NE
5	405.01(1)	1) Found Multiplug adapter in use in Room #3, Room #9 2) Found extension cord in use in Room #6	6-10-15 NE 6-10-15 NE

Response Required Date <i>7-5-15</i>	Signature of Facility Representative <i>Jaimie Martin</i>
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