



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 27, 2015

Barbara Curtis-Lewis, Administrator
Salubria Center
355 South Jennifer Street
Cambridge, ID 83610

License #: RC-907

Dear Ms. Curtis-Lewis:

On June 22, 2015, a Fire Life Safety Survey was conducted at Salubria 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 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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July 7, 2015

Barbara Curtis-Lewis, Administrator
Salubria Center
355 South Jennifer Street
Cambridge, ID 83610

Dear Ms. Curtis-Lewis:

On June 22, 2015, a Fire Life Safety Survey was conducted at Salubria Center. 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 22, 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: 13R907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2015
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NAME OF PROVIDER OR SUPPLIER SALUBRIA CENTER-UPPER COUNTRY ELDER	STREET ADDRESS, CITY, STATE, ZIP CODE 355 SOUTH JENNIFER STREET CAMBRIDGE, ID 83610
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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 June 22, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & 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 _____



copy

Facility Name SALUBRIA CENTER	Physical Address 355 SOUTH JENNIFER ST	Phone Number 208-257-4555
Administrator BARBARA CURTIS LEWIS	City CAMBRIDGE	ZIP Code 83610
Survey Team Leader SAM BURBANK	Survey Type FLS	Survey Date 6/22/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.01	1) RELOCATABLE POWER TAP PLUGGED INTO 6 TO 2 MULTIPLE PLUG ADAPTOR IN RM 4	7/20/15	sh
		2) MAIN ELECTRICAL EQUIPMENT & TRANSFER SWITCH OF GENERATOR BLOCKED BY STORAGE IN MECHANICAL RM.	7/20/15	sh
2	405.05	1) ALCOHOL BASED HAND RUB DISPENSERS LOCATED OVER ELECTRICAL (IGNITION SOURCE) @ RMs 6/7 & 9/10	7/20/15	sh
		2) ABHR DISPENSERS OVER CARPETING & NOT EQUIPPED WITH DIMP TRAYS	7/20/15	sh

RECEIVED
JUL 29 2015
FACILITY COMPLIANCE

Response Required Date 7/22/15	Signature of Facility Representative Barbara Curtis - Lewis	Date Signed 6-22-15
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