



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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 7, 2015

Nancy Moore, Administrator
Poplar Grove Assisted Living
132 South 300 West
Jerome, ID 83338

Dear Ms. Moore:

On June 29, 2015, a Fire Life Safety Survey was conducted at Poplar 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.

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: 13R895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER POPLAR GROVE ASSISTED LIVING - GAVER F	STREET ADDRESS, CITY, STATE, ZIP CODE 356 EAST CLEVELAND AVENUE GLENN'S FERRY, ID 83623
---	---

(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
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 29, 2015.</p> <p>The survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		

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