



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

November 03, 2015

Kerri Darrington, Administrator
Autumn Haven
924 Christian Way
Rupert ID 83350

License #: RC-789

Dear Ms. Darrington:

On October 7, 2015, a Fire Life Safety Survey was conducted at Autumn Haven. 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 plan of correction and evidence of resolution.

Should you have questions, please contact Nate Elkins, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626 option 3.

Sincerely,

Nate Elkins
Health Facility Surveyor
Facility Fire Safety & Construction Program

MPG/lj



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P.O. Box 83720
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October 15, 2015

Kerri Darrington, Administrator
Autumn Haven of Rupert
924 Christian Way
Rupert ID 83350

Dear Ms. Darrington:

On October 7, 2015, a Fire Life Safety Survey was conducted at Autumn Haven of Rupert--
Autumn Haven, Inc. 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.

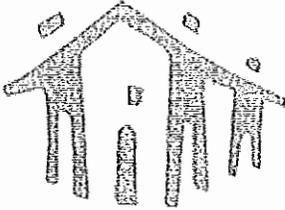
Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of
which was reviewed and left with you during the exit conference. The completed punch list
form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are
to be submitted to this office by November 9, 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



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DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITIES
PROGRAM

P.O. Box 83720
Boise, Idaho 83720-0009
Email: ralf@dhw.idaho.gov
PHONE (208) 364-1962
FAX (208) 364-1888

Punch Items

Survey Date: 10/07/2015

16.03.22.410.02. Fire Drills.

All personnel and residents must participate in a minimum of one (1) fire drill per shift per quarter. Fire drills must be unannounced.

Facility not conducting fire drills 1 per shift per quarter

16.03.22.415.04.b. Fire Alarm Smoke Detection System Service and Testing.

The fire alarm smoke detection system must be inspected and tested at least monthly by a designated facility employee.

Facility not testing smoke alarm system monthly

16.03.22.415.01. Maintenance of Equipment and Systems.

The facility must assure that all equipment and systems are properly maintained to assure the safety of the residents.

Facility not testing emergency lighting system 30 seconds per month/90 minutes per year.

16.03.22.415.01. Maintenance of Equipment and Systems.

The facility must assure that all equipment and systems are properly maintained to assure the safety of the residents.

The portable fire extinguishers are not being serviced annually



Facility Name <i>Autumn Haven</i>	Physical Address <i>924 Christian way</i>	Phone Number <i>208-436-3200</i>
Administrator <i>Keri Darlington</i>	City <i>Rupert</i>	ZIP Code <i>83350</i>
Survey Team Leader <i>Nate Etkins</i>	Survey Type <i>Fire Life Safety</i>	Survey Date <i>10-7-15</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	410.02	Facility not conducting fire drills 1 per shift per quarter	11-3-15	NE
2	415.04(b)	Facility not testing smoke detection system Monthly	10-28-15	NE
3	415.01	Facility not testing/documenting emergency lighting system Monthly 30secs. or Annually 90 mins	10-15-15	NE
4	415.03	Portable fire extinguishers not being serviced annually	10-15-15	NE

Response Required Date <i>11-9-15</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>10-7-15</i>
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