



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 6, 2015

Ginger Price, Administrator  
Malad Living Center  
PO Box 194  
Malad, ID 83252

License #: RC-463

Dear Ms. Price:

On October 22, 2015, a Fire Life Safety Survey was conducted at Malad Living Center. 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 Sam Burbank, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626 option 3.

Sincerely,

Sam Burbank  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

SB/lj



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 6, 2015

Ginger Price, Administrator  
Malad Living Center  
PO Box 194  
Malad ID 83252

Dear Ms. Price:

On October 22, 2015, a Fire Life Safety Survey was conducted at Malad Living 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 November 22, 2015.

Should you have any questions about our visit, please contact me at (208) 334-6626, option 3.

Sincerely,

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

MPG/lj  
Enclosure

## NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Malad Living Center/RCF	RC-463	PO Box 194	208-766-4724
Administrator	City	Zip Code	Survey Date
Ginger Price	Malad	83252	10/22/2015
Survey Team Leader	Survey Type		Response Due
Burbank, Sam	Fire Life Safety and Sanitation Licensure		
Administrator Signature	Date Signed		

Item #	Rule	Description
0	.415.05. Automatic Fire Extinguishing System Service and Testing.	Sprinkler head in janitor closet is completely corroded.

