



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 25, 2015

Mary Burke, Administrator
Autumn Cove Assisted Living
652 South Main Street
Star, ID 83669

License #: RC-994

Dear Ms. Burke:

On November 3, 2015, a Fire Life Safety Survey was conducted at Autumn Cove Assisted Living. 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 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



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November 6, 2015

Mary Burke, Administrator
Autumn Cove Assisted Living
652 South Main Street
Star, ID 83669

Dear Ms. Burke:

On November 3, 2015, a Fire Life Safety Survey was conducted at Autumn Cove 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.

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 December 3, 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
Autumn Cove Assisted Living, LLC	RC-994	652 South Main Street	208-286-7095
Administrator	City	Zip Code	Survey Date
Mary Burke	Star	83669	
Survey Team Leader	Survey Type		Response Due
Burbank, Sam	Fire Life Safety and Sanitation Licensure		
Administrator Signature	Date Signed		

Item #	Rule	Description
0	.415.03.b. Portable Fire Extinguisher Service and Testing.	4 of 4 fire extinguishers have not been inspected monthly since May, 2015
1	.410.02. Fire Drills.	Fire drills not performed 1 per shift per quarter. Missing grave shift 2nd quarter and 1st quarter.
2	.405.05. Structure, Maintenance, Equipment to Assure Safety.	1) Three dead emergency lights 2) No emergency light testing conducted for 30 seconds monthly, 90 minutes annually



Facility Name <i>Autumn Cove - Star</i>	Physical Address <i>652 S. MAIN</i>	Phone Number <i>208-286-7095</i>
Administrator <i>Mary Burke</i>	City <i>STAR</i>	ZIP Code <i>83669</i>
Survey Team Leader <i>Sam Burbank</i>	Survey Type <i>FLS</i>	Survey Date <i>11/3/15</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.03	4 OF 4 FIRE EXTINGUISHERS HAVE NOT BEEN INSPECTED MONTHLY SINCE MAY, 2015	11/3/15	
2	410.02	FIRE DRILLS NOT PERFORMED 1 PM SHIFT PER QUARTER MISSING GRAVE SHIFT 2ND QUARTER; DAY PM SHIFT 1ST QUARTER	11/18/15	
3	405.05	1) THREE DEAD EMERGENCY LIGHTS 2) NO EMERGENCY LIGHT TESTING CONDUCTED FOR 30 SECOND MONTHLY 90 MINUTE ANNUALLY	11/19/15 11/30/15 01/21/15	

Response Required Date <i>12/3/15</i>	Signature of Facility Representative <i>Mary Burke</i>	Date Signed <i>11-3-15</i>
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