



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

December 28, 2015

Linda Eggiman, Administrator
Caring Hearts Assisted Living
PO Box 2122
Idaho Falls ID 83403

License #: RC-1039

Dear Ms. Eggiman:

On December 7, 2015, a Fire Life Safety Survey was conducted at Caring Hearts Assisted Living. 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

NE/lj



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December 14, 2015

Linda Eggiman, Administrator
Caring Hearts Assisted Living
PO Box 2122
Idaho Falls ID 83403

Dear Ms. Eggiman:

On December 7, 2015, a Fire Life Safety survey was conducted at Caring Hearts Assisted Living.

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 two non-core issue deficiencies were identified on the punch list and two were identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than January 7, 2015.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to the Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626, option 3.

Sincerely,

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

MPG/lj

Enclosure

FILE COPY

NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Caring Hearts Assisted Living	RC-1039	PO Box 2122	208-232-0287
Administrator	City	Zip Code	Survey Date
Linda Eggiman	Idaho Falls	83403	12/7/2015
Survey Team Leader	Survey Type	Response Due	
Elkins, Nate	Fire Life Safety and Sanitation Licensure		
Administrator Signature	Date Signed		

Item #	Rule	Description
1	16.03.22.415.02. Fuel-Fired Heating.	Missing inspection records for fuel fired heating systems for both houses. * Last inspection documented was 10/19/2014*
2	16.03.22.415.05. Automatic Fire Extinguishing System Service and Testing.	Missing sprinkler escutcheons in house #1 for Room #4 and kitchen area

