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 10, 2015

Sondra Winter, Administrator
Meadow View Assisted Living & Memory Care
1013 South Johns Avenue
Emmett, ID 83617

License #: RC-1082

Dear Ms. Winter:

On November 2, 2015, a Fire Life Safety Survey was conducted at Meadow View Assisted Living & Memory Care. 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 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

Sondra Winter, Administrator
Meadow View Assisted Living & Memory Care
1013 South Johns Avenue
Emmett, ID 83617

Dear Ms. Winter:

On November 2, 2015, a Fire Life Safety Survey was conducted at Meadow View Assisted Living & Memory Care. 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 2, 2015.

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

Sincerely,

Mark Grimes

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

MPG/lj
Enclosure

NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Meadow View Assisted Living & Memory Care	RC-1082	1013 South Johns Avenue	208-365-1122
Administrator	City	Zip Code	Survey Date
Sondra Winter	Emmett	83617	11/2/2015
Survey Team Leader	Survey Type		Response Due
Burbank, Sam	Fire Life Safety and Sanitation Licensure		
Administrator Signature	Date Signed		

Item #	Rule	Description
0	.415.01. Maintenance of Equipment and Systems.	Kitchen hood inspection vendor has not been cleaning hood on an annual basis - only inspecting semi-annually for last three years with multiple notes about needing cleaning "on next inspection".
1	.415.05. Automatic Fire Extinguishing System Service and Testing.	No quarterly sprinkler inspection since 3/31/15
2	.405.03. Medical Gases.	1) Unsecured Oxygen - (2) in hall outside room 35; (3) inside room 38 2) Oxygen stored in corridor outside room 32, 35, 12
3	.405.05. Structure, Maintenance, Equipment to Assure Safety.	Exit sign missing @ bulkhead at Northeast stair access

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HEALTH & WELFARE

MEDICAID L & C – RALF PROGRAM
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

RECEIVED
DEC - 8 2015
FACILITY STANDARDS

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
MEADOWVIEW ASSISTED LIVING	1013 SOUTH JOHNS AVENUE	208-365-1122
Administrator	**City**	**ZIP Code**
SONDRA WINTER	EMMETT	83617
Survey Team Leader	**Survey Type**	**Survey Date**
SAM BURBANK	FLS	11/2/15

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.01	KITCHEN HOOD INSPECTION VENDOR HAS NOT BEEN CLEANING HOOD ANNUALLY — ONLY INSPECTING SEMI-ANNUALLY FOR LAST 3 YRS WITH MULTIPLE NOTES ABOUT NEEDING CLEANING "ON NEXT INSPECTION"	9/02/15	
2	405.03	1) UNSECURED OXYGEN — (2) IN HALL OUTSIDE RM 35 (3) INSIDE RM 38 2) OXYGEN STORED IN CORRIDOR OUTSIDE RM 32, 35, 12	11/3/15	
3	415.05	NO QUARTERLY SPRINKLER INSPECTIONS COMPLETED SINCE 3/31/15	11/24/15	
4	405.05	EXIT SIGN MISSING @ BULKHEAD @ ~~SOUTHWEST~~ NORTHEAST STAIR ACCESS	11/23/15	

Response Required Date	Signature of Facility Representative	Date Signed
12/2/15	signed for Sondra Winter	11-2-15

DEC 02 2015