



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

April 5, 2007

Ron Hedelius, Administrator
Pine Brook Assisted Living Center
4020 E 300 North
Rigby, ID 83442

License #: RC-667

Dear Mr. Hedelius:

On February 27, 2007, a complaint investigation was conducted at Pine Brook Assisted 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 evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Taylor Barkley". The signature is fluid and cursive.

TAYLOR BARKLEY
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER, Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

March 8, 2007

Ron Hedelius, Administrator
Pine Brook Assisted Living Center
4020 E 300 North
Rigby, ID 83442

Dear Mr. Hedelius:

On February 27, 2007, a complaint investigation survey was conducted at Pine Brook Assisted Living Center. The facility was found to be providing a safe environment for its residents.

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 March 29, 2007.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Grimes". The signature is written in a cursive, flowing style.

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

March 8, 2007

Ron Hedelius, Administrator
Pine Brook Assisted Living Center
4020 E 300 North
Rigby, ID 83442

Dear Mr. Hedelius:

On February 27, 2007, a complaint investigation survey was conducted at Pine Brook Assisted Living Center. The survey was conducted by Taylor Barkley, Life Safety Code Inspector. This report outlines the findings of our investigation.

Complaint # ID00001967

Allegation #1: An identified resident expired. When family came to get her belongings they found that the identified resident's bed (that was about a year old), including the mattress was soaking wet and was ruined. It had rained and the ceiling was "blistered" where it was obvious that it had been leaking. The light fixture in the room did not work.

Findings: Based on observation it was determined the facility's ceiling had visible water damage.

On February 27, 2007, observation of the identified resident's room revealed the contents of the resident's belongings had been removed. However, the ceiling was observed bowing and was coming loose from prior water damage.

The facility's ceiling tiles throughout the building were heavily stained from water damage, and the paint on the ceiling in the main entry hallway was bubbling and coming loose from water damage.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.405.05 for structure and maintenance. The facility was required to submit evidence of resolution within 30 days.

Ron Hedelius, Administrator
March 8, 2007
Page 2 of 2

Allegation #2: The facility did not have traps out for hobo spiders.

Findings: Based on observation it was determined there were no spider traps out in the facility.

On February 27, 2007 during a tour of the facility, the surveyor did not observe any spider traps or spiders in the facility.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. A Statement of Deficiencies has been issued to your facility. Please develop a Plan of Correction as outlined in the cover letter to the Statement of Deficiencies. AND/OR Non-core issues were identified and included on the Punch List.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



TAYLOR BARKLEY
Team Leader
Health Facility Surveyor
Residential Community Care Program

TB/slc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program



Facility Name Pine Brook Assisted Living	Physical Address 4020 E 300 N	Phone Number (208) 745-0100
Administrator Ron Hedelius	City RIGBY	ZIP Code 83442
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 2-27-1

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	405.05	The ceiling in Resident Room #C is bowing and coming loose, from prior water damage.		
2	405.05	Ceiling tiles throughout facility are heavily stained from water damage.		
3	405.05	The paint on the ceiling in the main entry hallway is bubbling and coming loose, from water damage.		

Response Required Date 3-27-7	Signature of Facility Representative 	Date Signed 2-27-07
----------------------------------	--	------------------------