

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@dhw.idaho.gov

May 5, 2010

Jenifer Christensen, Administrator Harmony House Assisted Living II PO Box 2792 Hayden, Idaho 83835-2792

Dear Ms. Christensen:

On April 20, 2010, a Fire Life Safety Survey was conducted at Harmony House Assisted Living II. 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.

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

Sincerely,

MARK GRIMES

Supervisor

Facility Fire Safety & Construction Program

MG/lj

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X4) ID

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13R821

A. BUILDING 01 - BUILDING 1 B. WING

04/20/2010

NAME OF PROVIDER OR SUPPLIER

HARMONY HOUSE ASSISTED LIVING II

STREET ADDRESS, CITY, STATE, ZIP CODE

9967 NORTH MAPLE AVENUE **HAYDEN. ID 83835**

ID

R 000

PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG

SUMMARY STATEMENT OF DEFICIENCIES

(X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)

PROVIDER'S PLAN OF CORRECTION

R 000 Initial Comments

The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on April 20, 2010.

The surveyor conducting the survey was:

Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

VMYV21