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 83720-036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: (sb@dhw.idaho.qoy

June 14, 2010

Winnie Welker, Administrator Parkwood Meadows Assisted Living Community 1885 Parkwood Street Idaho Falls, Idaho 83401

License #: RC-564

Dear Ms. Welker:

On May 4, 2010, a Fire Life Safety Survey was conducted at Parkwood Meadows Assisted Living Community. 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.

Per the enclosed letter, our office is granted a 56-day extension on Punchlist Item #4, Rule #16.03.22.404.01. Evidence of resolution for that item will be due on **July 30, 2010**.

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

Sincerely,

Health Facility Surveyor

Facility Fire Safety & Construction Program

TB/lj

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: <u>fsb@dhw.idaho.gov</u>

May 13, 2010

Winnie Welker, Administrator Parkwood Meadows Assisted Living Community 1885 Parkwood Street Idaho Falls, Idaho 83401

Dear Ms. Welker:

On May 4, 2010, a Fire Life Safety Survey was conducted at Parkwood Meadows Assisted Living Community. 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 June 4, 2010.

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

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13R564

A. BUILDING 01 - ENTIRE BUILDING
B. WING _____

05/04/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PARKWOOD MEADOWS ASSISTED LIVING CC

1885 PARKWOOD STREET IDAHO FALLS, ID 83401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	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 May 4, 2010. The surveyor conducting the survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction	R 000	DEFICIENCY)	

Bureau of Facility Standards

TITLE

(X6) DATE

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

TLIJ21



BUREAU OF FACILITY STANDARDS P.O. Box 83720

Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 RECEIVED

JUN - 7 2010

ASSISTED LIVING Non-Core Issues Punch List

	FACILITY STANDARDS				
Facility Name	Physical Address	Phone Number			
Parkwood Meadows Administrator	1885 Parkwood Street	208-523-7800			
Winnie Welker	Idaho Falls	83401			
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 5 - 4 - 10			
NON-CORE ISSUES					
# 16.03:22	DESCRIPTION	DATE BFS RESOLVED USE			
1 405 05 Thong are 7	and inch holes above has	the c/c/:-			

TEM #	RULE # 16.03.22	The control of the co	DATE RESOLVE	BFS D USE
1	405.05	There are 7 one inch holes above both	5/5/10	
		sets of smoke doors in the smoke walls		
		at the lobby.		1 4 h 9 k s 1 4 h 9 k s 1 4 h 9 h 9 h
9	405.01	The decorative lights on the balcony are		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		being powered by An extension cord. (corrected on site)		
		(corrected on site)	7B 5-4-	Ю
3	404.01	The Air compressor for the sprinkler system	5/17/18)
		is not handwired.	1 1	
4,	404.01	There is no record of sensitivity testing of the snoke detectors.	Dolawad)
		of the snoke detectors.	(see atto	chment)
			C	
		<u> </u>		
•	se Required Date	Signature of Facility Representative	Date Signed	
<u>, </u>	1-10	Winne Welker	30/4/10	٥