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

June 8, 2010

Karren Martin, Administrator Golden Age Heritage Home PO Box 47 Preston, Idaho 83263

License #: RC-467

Dear Ms. Martin:

On May 5, 2010, a Fire Life Safety Survey was conducted at Golden Age Heritage Home. 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 Tom Mroz, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TOM MROZ

Health Facility Surveyor

Facility Fire Safety & Construction Program

TM/li

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

C.L. "BUTCH" OTTER, Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.1.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0336 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: <u>fsb@dhw.idaho.gov</u>

May 17, 2010

Karren Martin, Administrator Golden Age Heritage Home PO Box 47 Preston, Idaho 83263

Dear Ms. Martin:

On May 5, 2010, a Fire Life Safety Survey was conducted at Golden Age Heritage Home. 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

13R467

A. BUILDING

B, WING

05/05/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SOLDEN	AGE HERITAGE HOME		T 3RD NORTI N, ID 83263	H	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIENCIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
TAG	Initial Comments  The facility was found to be in substant compliance with the fire and life safety requirements of the Rules for Resident Assisted Living Facilities in Idaho. No deficiencies were cited during the stand fire/life safety survey conducted on May The surveyor conducting the survey was Tom Mroz CFI-II Facility Fire Safety & Construction	ial or core dard	R 000		DATE

TITLE

(X6) DATE

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

STATE FORM 8899

CEIB21

If continuation sheet 1 of 1

BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

		•
Facility Name	Physical Address	Phone Number
GOLDEN ASE HERIPAGE	155 E 3RD NORTH	(20F) PSZ-2273
Administrator	City	ZIP Code
JULIE HAMSEN'	PRESTON	f3263
Survey Tearn Leader	Survey Type	Survey Date
TOM MROZ	FIRE- LIFE SAFETY	5-4-10
NON-CORE ISSUES		

Processor State	-CORE ISSU		
/	415.01	FIRE PLAN SYSTEM - SMOKE DETECTOR SENSITIVITY	6.8.10
,		TESTING - REQUEED ONCE EVERY 5 YEARS,	wh
		ELECTRICE - ELECTRIC BROAKER IN DINING ROOM; CIRCUITS NOT LABELED AT TO WHAT THEY CONTROL!	
-	405.01	ELECTRISTE - ELECTRIC BROKER IN DINING ROOM;	6.1.10
		CIRCUITS NOT CABELED AS TO WHAT THEY CONTROL!	We
		DPEN BLANK SPOT. HITCTRIC BROKEL PANEL IN CURIDOR BY ROOM 22;	
	,	BETTIC BROKEL PAREL IN CURIDOR BY ROOM 221	
		DPEN BLANK SPOT.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	se Required Date	Signature of Facility Representative	Date Signed
-	S-10	Dalie Hanson	5-5-201