

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

July 7, 2010

Jill Williams, Administrator Golden Pines-- Rural Assisted Living Facilities 235 North 4200 East Rigby, Idaho 83442

License #: RC-913

Dear Ms. Williams:

On May 5, 2010, a Fire Life Safety Survey was conducted at Golden Pines-- Rural Assisted Living Facilities LLC. 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 Eric Mundell, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL Health Facility Surveyor

Facility Fire Safety & Construction Program

EM/lj

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

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: fsb@dlw.idaho.goy

May 17, 2010

Jill Williams, Administrator Golden Pines 235 North 4200 East Rigby, Idaho 83442

Dear Ms. Williams:

On May 5, 2010, a Fire Life Safety Survey was conducted at Golden Pines--Rural Assisted Living Facilities LLC. 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 (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: 01 - ENTIRE BUILDING A, BUILDING B, WING \_ 13R913 05/05/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(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
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 May 5, 201  The surveyor conducting the survey was:  Eric Mundell REHS/RHSO  Health Facility Surveyor  Facility Fire/Life Safety & Construction Program			

Bureau of Facility Standards

TITLE

(X6) DATE

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



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							
	rolde Pri	1/202 E 300 N	7	15- 745	54					
Administrator		City	ZIP Code		/					
	Williams	Right	83467							
Survey Team Leader	0	Survey Type ' y	Survey Date	i						
	mu. Lell	FCS	5/5	110						
NON-CORE ISSUES										
ITEM RULE# 16.03.22	A STATE OF THE STA	DESCRIPTION		DATE RESOLVED	BFS USE					
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Response Required Date	Signature of Facility Representative	<del>_</del>		Date Signed						
The 4, 2010	Signature of Facility Representative			5/5/10						
4 (1	A MANAGOR	<u> </u>		-/3//0						