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>

June 9, 2010

Jill Williams, Administrator Rigby Country Living 756 Oxford Drive Idaho Falls, Idaho 83401

License #: RC-914

Dear Ms. Williams:

On May 5, 2010, a Fire Life Safety Survey was conducted at Rigby Country Living-- 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 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: <u>fsb@dhw.idaho.gov</u>

May 17, 2010

Jill Williams, Administrator Rigby Country Living 756 Oxford Drive Idaho Falls, Idaho 83401

Dear Ms. Williams:

On May 5, 2010, a Fire Life Safety Survey was conducted at Rigby Country Living-- 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

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - ENTIRE BUILDING

(X3) DATE SURVEY COMPLETED

13R914

B. WING _____

05/05/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RIGBY COUNTRY LIVING-RURAL ASSISTED L 4202 EAST 300 NORTH RIGBY, ID 83442								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET 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 Assisted Living Facilities in Idaho. No condeficiencies were cited during the standative/life safety survey conducted on May The surveyor conducting the survey was Eric Mundell REHS/RHSO Health Facility Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Proceedings of the Surveyor Facility Fire/Life Safety & Construction Facility Fire/Life Safety Fire/Life Safety Fire/Life Facility Facilit	of or ore ore ore ore ore ore ore or	R 000	DEFICIENCY)				

Bureau of Facility Standards

TITLE

(X6) DATE

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



MEDICAID L & C - RALF PROGRAM P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

。 一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种,我们就是一个一种,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Kighy County Cours Centre	4200 Ent 300 North	715-9096
Administratory	City	ZIP Code
Jell Williams	Righy	83467
Survey Team Leader	Survey Type / /	Survey Date
E mun Lell	FCS	5/5/10
NON CODE ICCUES		, ,

	E	mus tell	FCS	5/5/1	٥
NON	-CORE ISSU	IES		, ,	
ITEM #	RULE # 16.03.22		DESCRIPTION	DATE RESOLVED	L & C USE
_/	415.01	Maintenance: the faller	ing items need to be addressel:	(i) 6/8/10	5
		2-cour plates musi-	my in muchanish from wiring	(2)	,
			mude, fight ded not work with		. :) 4
		testal (3) There is no	The state of the s	And the Party of t	
		(4) Sprinkler head at	some Kitchen grill in gream	iaul	7 78 78
			lbu gras, to pack (5) Enle		
			have butten buck-up (8)-	1 - 11	
		bulb is menzing for		-	00000000000000000000000000000000000000
			rum dur # 13 does not aprin		
		wide enguent lan	da blacked by personal be	longinge.	90 M. Car Sa 1.
		//			
2	415.03	Fire Entinue ihr ma	nationani: Tago appreced to Do	table 6/8/10	E/
	, ,		indicated last annual may		
		was done in Jav	rugy 2009. Cindude K-cl.	ue	
		us tryuishin in les	(chu).		
		,	<u> </u>		
Respor	nse Required Date	Signature of Facility Representative	,	Date Signed	
ine	3,2010	XC)us //lillans		5/5/1	0