

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: (sb@dhw.idaho.goy

June 29, 2010

Ron Hedelius, Administrator
Pine Brook Assisted Living Center of Idaho Falls
636 East 1st South
Rigby, Idaho 83442

License #: RC-813

Dear Mr. Hedelius:

On May 6, 2010, a Fire Life Safety Survey was conducted at Pine Brook Assisted Living of Idaho Falls. 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 Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY Health Facility Surveyor

Facility Fire Safety & Construction Program

TB/lj

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

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May 17, 2010

Ron Hedelius, Administrator Pine Brook Assisted Living Center of Idaho Falls 636 East 1st South Rigby, Idaho 83442

Dear Mr. Hedelius:

On May 6, 2010, a Fire Life Safety Survey was conducted at Pine Brook Assisted Living of Idaho Falls. 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 7, 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

PRINTED: 05/12/2010 FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION COMPLETED A. BUILDING 01 - BUILDING 1 B. WING_ 13R813 05/06/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1140 SCIENCE CENTER DRIVE

/V/\ 15	SUMMARY STATEMENT OF DEFICIENCIES	In .	PROVIDER'S PLAN OF CORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
R 000	Initial Comments	R 000		
	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 6, 20 The surveyor conducting the survey was:	10.		
	Health Facility Surveyor Facility Fire Safety & Construction			
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our n				
				\$

TITLE

(X6) DATE

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

6N5521

PINE BROOK ASSIST LIV

Facility Name PLACE BYOOK of Idaho Falls Administrator RGN Hedelius Survey Team Leader TATIOY BACKLEY NON-CORE ISSUES TEM 160322 1 415.03 The facility is a extincuishers on 2. 415.01 The dining room Blower motor 4. 415.03 The laundry room Blower motor 4. 415.03 The laundry room Blower motor HIS.03 The last feel file HIS.04 The last feel file HIS.05 The las	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 Lis
Facility Name	Physical Address	Phone Number
PINE Brook of Idaho Falls	s 1140 Science Center Dr.	208-542-6856
Administrator	The Falls Th	83402
Ran Hedelius Survey Team Leader	Idaho Falls Id	Survey Date
TAYLOY BACKLEY		5-6-10
NON-CORE ISSUES		
TEM RULE# 16:03:22	DESGRIPTION	DATE BFS RESOLVED USE
1 415.03 The facility is A	vot checking the portable fi	
extincuishers on	a monthly basis.	W2
	·	31 T
2. 415.01 The diving roo.	m exit sign is not working.	6-fax
1		
3 405,05 The laundry room	m vent cover is missing Ar	ad the Shylan
blower motor i	s toll of lint.	· na is
		23 24 25 4
4. 415.03 The last fuel fi	ired inspection was Marci	d 5; d 90 7 3 / 7 / 20
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50		
5		
2.03		STATE OF THE STATE
Response Required Date Digitalure of Patricy Representative	V. (1	Date Signed
6-6-10 100000000000000000000000000000000		17 - 6 - 450