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.qoy

August 3, 2010

Sheila Murdock, Administrator Mountain Valley Assisted Living 5261 Tildy Lane Ammon, Idaho 83401

License #: RC-970

Dear Ms. Murdock:

On July 1, 2010, a Fire Life Safety Survey was conducted at Mountain Valley Assisted Living--Innovative Investors, 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 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/li

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

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July 9, 2010

Sheila Murdock, Administrator Mountain Valley Assisted Living 5261 Tildy Lane Ammon, Idaho 83401

Dear Ms. Murdock:

On July 1, 2010, a Fire Life Safety Survey was conducted at Mountain Valley Assisted Living--Innovative Investors, 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 August 1, 2010.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK P. GRIMES

Supervisor

Facility Fire Safety & Construction Program

MPG/lj

Enclosure

07/01/2010

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13R970

A. BUILDING 01 - ENTIRE BUILDING
B. WING ______

NAME OF PROVIDER OR SUPPLIER

MOUNTAIN VALLEY ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE

3840 EAST SUNNYSIDE ROAD AMMON, ID 83406

	AMMOR	AMMON, ID 83406			
(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	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 July 1, 2010.				
	The surveyor conducting the survey was:				
	Taylor Barkley Health Facility Surveyor			,	
	Facility Fire Safety & Construction				
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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 ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Mountain Valley	3840 E SUNNYSIDE ROAD	208-529-1818
Administrator	City	ZIP Code
Sheila Murdock	Ammon, Id	83406
Survey Team Leader	Survey Type	Survey Date
Taylor Barkley		7-1-10

_			rkley	1-10						
_	NON-CORE ISSUES									
Section Control	ITEM #	RULE# 16.03,22	DESCRIPTION	DATE RESOLVED	L&C USE					
	1	415,02	The fuel fired heating devices have Not been	7/20/10						
			ANNUAlly inspected.							
~	a	415.04	The fire Alarm has not been Annually inspected	7/16/10						
	3	410.01	The facility does not have a written	7/23/10						
			Agreement for relocation.	<i>l</i> · <i>l</i>						
4	Ц	410,02	The facility has No records of fire drills	7-8-10						
!	5	415.03	The fire extinguishers were not ANNUAlly	7/16/10						
Į			inspected.							
4	′ 6	415,04	The fire Alarm has not been tested or checked	7-8-10						
			ON A MONTHLY BASIS.							
1	7	401.01	There are 4 transfer grilles in sleeping rooms.	7/23/10	-					
			doors, AND 3 IN the WAY 15 to sleeping rooms.		7/5 12 2					
4	- 8	405,05	The basement bathroom celling has a	7/16/10						
			hole approximately one foot by one foot in size.							
			DECEIVED.							
_	Respons	e Required Date	Signature of Facility Representative	Date Signed						
	<u>8-</u>	1-10	Hut-Mundock AUG 0 2 2010	7-1-10						