

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 83720-0000 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

August 6, 2010

Dee Cunningham, Administrator River Rock Assisted Living 1140 Orchard Circle Buhl, Idaho 83316

License #: RC-967

Dear Ms. Cunningham:

On July 8, 2010, a Fire Life Safety Survey was conducted at River Rock Assisted Living. 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

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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.goy</u>

July 13, 2010

Dee Cunningham, Administrator River Rock Assisted Living 1140 Orchard Circle Buhl, Idaho 83316

Dear Ms. Cunningham:

On July 8, 2010, a Fire Life Safety Survey was conducted at River Rock Assisted Living. 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 8, 2010.

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

Sincerely,

MARK P. ORIMES

Supervisor

Facility Fire Safety & Construction Program

MPG/lj

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: 01 - ENTIRE BUILDING A. BUILDING B. WING \_ 13R967 07/08/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

RIVER ROCK ASSISTED LIVING		1063 BURLEY AVENUE BUHL, ID 83316				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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) COMPLETE DATE	
R 000	Initial Comments  The facility was found to be in substanticompliance with the fire and life safety requirements of the Rules for Residential Assisted Living Facilities in Idaho. No odeficiencies were cited during the stand fire/life safety survey conducted on July The surveyor conducting the survey was	al or ore ard 8, 2010.	R 000			
	Eric Mundell REHS/RHSO Health Facility Surveyor Facility Fire/Life Safety & Construction F	Program				

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	Λ	Physical Address	Phone Number							
Kier Ker	k A.C.	1063 Barley Avenue	731-6774							
Administrator		City	ZIP Code							
Taxay Helse	Dee Cannighon	Ber a /	83316							
Survey Tearn Leader	, 1	Survey Type	Survey Date	Survey Date						
Evic	- Mun Lell	F 45	Jul	July 8, 2010						
NON-CORE ISSUES										
ITEM RULE# 4 16.03.22		DESCRIPTION		DATE RESOLVED	L&C USE					
1 405.03	Medical Gares: 1	our to fransfilling closet is	ref	7-13-10						
(	latching upon s		200							
	is not I la beled									
	"Transfilling in									
	Tomushilly ocen do									
-		observed.								
2 150.66	2 150 16 Autom to For Extrapolar Sont Server & Jesting:									
	Spronkler spakes has	7-26-10								
	annuel Sarrice.									
	RECEIVED									
		FACILITY STANDARDS								
Response Required Date	Signature of Facility Representative		20000000000000000000000000000000000000	Date Signed	Tork of the work 2,30 Strategy (1984)					
August 8,2010	X De Curunal			7/8/10						