



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

October 1, 2010

Sam Stoddard, Administrator
Homestead Assisted Living Center Inc. of Rigby
360 West 3500 North
Rexburg, Idaho 83440

License #: RC-816

Dear Mr. Stoddard:

On August 26, 2010, a Fire Life Safety Survey was conducted at The Homestead Assisted Living Center Inc. of Rigby. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- 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,

A handwritten signature in black ink, appearing to read "T. Barkley". The signature is written in a cursive style and is positioned above a horizontal line.

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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August 31, 2010

Sam Stoddard, Administrator
Homestead Assisted Living Center of Rigby
360 West 3500 North
Rexburg, Idaho 83440

Dear Mr. Stoddard:

On August 26, 2010, a Fire Life Safety Survey was conducted at The Homestead Assisted Living Center of Rigby. 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 September 27, 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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R816	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2010
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NAME OF PROVIDER OR SUPPLIER HOMESTEAD ASSISTED LIVING CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 290 NORTH 4064 EAST RIGBY, ID 83442
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(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	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the life safety code requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard life safety code survey conducted on August 26, 2010.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Homestead Assisted Living of Rigby	Physical Address 290 North 4064 East	Phone Number 208-745-6229
Administrator Sam Stoddard	City Rigby Id	ZIP Code 83442
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 8-26-10

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.03	The portable fire extinguishers are not being checked monthly.	9-17-10	
2	415.01	The 2 emergency lights in the back hallway do not work.	9-8-10	
RECEIVED				
SEP 24 2010				
FACILITY STANDARDS				

Response Required Date 9-26-10	Signature of Facility Representative Nancy L. Summers	Date Signed 8-26-10
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