C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Sireet P.O. Box 83720 Boise, Idaho 83720-0009 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: <u>fsb@dhw.idaho.gov</u>

October 22, 2010

Trenna Bowhay, Administrator Antelope Creek Living Center PO Box 909 Moore, Idaho 83255

License #: RC-514

Dear Ms. Bowhay:

On September 20, 2010, a Fire Life Safety Survey was conducted at Antelope Creek Living Center. 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

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Facility Fire Safety & Construction Program

TB/li

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

September 30, 2010

Trenna Bowhay, Administrator Antelope Creek Living Center PO Box 909 Moore, Idaho 83255

Dear Ms. Bowhay:

On September 20, 2010, a Fire Life Safety Survey was conducted at Antelope Creek Living Center. 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 October 20, 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:

(X2) MULTIPLE CONSTRUCTION

A, BUILDING 01 - ENTIRE BUILDING

(X3) DATE SURVEY COMPLETED

13R514

B. WING_

09/20/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ANTELOPE CREEK LIVING CENTER

3668 WEST 3700 NORTH DARLINGTON, ID 83255

ANTELOPE CREEK LIVING CENTER DARLI		DARLING	GTON, ID 83255				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENC (EACH DEFICIENCY MUST BE PRECEDED I REGULATORY OR LSC IDENTIFYING INFOR	BY 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		R 000				
	The facility was found to be in substar compliance with the life safety code re of the Rules for Residential or Assiste Facilities in Idaho. No core deficiencic cited during the standard life safety conducted on September 20, 2010.	equirements d Living es were					
	The surveyor conducting the survey w	/as:					
	Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction						

Bureau of Facility Standards

TITLE

(X6) DATE

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

STATE FORM

6899

B7G521

If continuation sheet 1 of 1



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

Fr				
Facility Name	Physical Address	Phone Num		
Autelope Creek Living Center	3668 West 3700 North	908	-588-7	1700
	City	[
Trenna Bowhay Survey Team Leader	DAY lington Id	Survey Date	255	
Survey Team Leader	Survey Type (Survey Date		- ****
TAYlor BArkley		9-	90-10	
NON-CORE ISSUES	· ·			
TEM RULE # 16.03.22	DESCRIPTION	do reservido	DATE RESOLVED	L & C USE
1 415.01 The emergency	light in the den does n	Vr. +		
work.			9-28-10	
				2350 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				/ N
			-	
				-74
Response Required Date Signature of Facility Representative			Date Signed	
10-20-10 RIVING England			9/20/10	