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>

October 8, 2010

Laura Elaine Todd, Administrator Alpine Manor II PO Box 281 Kimberly, Idaho 83341

Dear Ms. Todd:

On October 5, 2010, a Fire Life Safety Survey was conducted at Alpine Manor II. 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.

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

(X3) DATE SURVEY COMPLETED

13R945

A. BUILDING 01 - ENTIRE BUILDING

B. WING

10/05/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

100 POLK STREET EAST KIMBERLY, ID 83341

			K STREET EAST LY, ID 83341		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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) COMPLET DATE
R 000	Initial Comments		R 000		
Of the Management of the Control of	The facility was found to be in substantial compliance with the life safety code required for Rules for Residential or Assisted I Facilities in Idaho. No core deficiencies cited during the standard life safety code conducted on October 5, 2010.	uirements Living were			
	The surveyor conducting the survey was	5.			
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ACCOUNTS OF THE PROPERTY AND					

TITLE

(X6) DATE

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

STATE FORM BPZW21 If continuation sheet 1 of 1