

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: <a href="mailto:sb@dhw.idaho.gov">sb@dhw.idaho.gov</a>

January 12, 2011

Misty Wynn, Administrator Arrowrock Assisted Living LLC-- Crestwood 1448 West Crestwood Drive Meridian, Idaho 83642

License #: RC-975

Dear Ms. Wynn:

On November 29, 2010, a Fire Life Safety Survey was conducted at Arrowrock Assisted Living LLC-Crestwood. 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

EM/lj

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

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December 10, 2010

Misty Wynn, Administrator Arrowrock Assisted Living LLC-- Crestwood 1448 West Crestwood Drive Meridian, ID 83642

Dear Ms. Wynn:

On November 29, 2010, a Fire Life Safety Survey was conducted at Arrowrock Assisted Living Llc - Crestwood. 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 December 29, 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

PRINTED: 12/09/2010 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

A. BUILDING

B. WING

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

11/29/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1448 WEST CRESTWOOD DRIVE

AKKOW	ROCK ASSISTED LIVING LLC - CREST MER	RIDIAN, ID 83642		
(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) COMPLETI 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 Novembe 2010.	er 29,		AAATTA
	The surveyor conducting the survey was:			
7-10	Eric Mundell REHS/RHSO Health Facility Surveyor Facility Fire/Life Safety & Construction Progra	am		TARING MANAGEMENT AND
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THAN CHINA				
anu of Eas	cility 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
_ Arrow ruck 11. C.	1448 Crest word	629-4644
Administrator .	City	ZIP Code
Misty Wynn	Mendian	83642
Survey Team Leader /	Survey Type	Survey Date
En mundelf	FLS.	11/29/10

	15	man Lelf	FCS.	1	1/29/10					
NON-CORE ISSUES										
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		our due.	<i>O</i>		, ,					
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		available to review								
5	410.02	Fire duills were A.	+ available for review	lycint	1/11/11					
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