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: [sb@dhw.idaho.gov

February 8, 2010

Jimmy Markham, Administrator Markham Residential Care, Inc. 11525 3rd Street Star, Idaho 83669

License #: RC-583

Dear Ms. Markham:

On December 7, 2009, a Fire Life Safety Survey was conducted at Markham Residential Care, Inc. 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

Facility Fire Safety & Construction Program

TB/lj

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

C.L. "BUTCH" OTTER, Governor RICHARO M. ARMSTRONG - Oirector DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDAROS 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.gov</u>

December 10, 2009

Jimmy Markham, Administrator Markham Residential Care Inc 11525 3rd Street Star, Idaho 83669

Dear Ms. Markham:

On December 7, 2009, a Fire Life Safety Survey was conducted at Markham Residential Care, Inc. 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 January 7, 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/li

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

13R583

A. BUILDING 01 - ENTIRE BUILDING
B. WING _____

12/07/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MARKHAM RESIDENTIAL CARE INC		STAR, II	RD STREET D 83669			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIEN (EACH DEFICIENCY MUST BE PRECEDED REGULATORY OR LSC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE	
	Initial Comments The facility was found to be in substacompliance with the fire and life safe requirements of the Rules for Reside Assisted Living Facilities in Idaho. N deficiencies were cited during the bu evaluation survey conducted on Dec 2009. The surveyor conducting the survey Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction	ty ential or o core ilding ember 7,	R 000			

TITLE

(X6) DATE



BUREAU OF FACILITY STANDARDS 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		
MARKHAM K	ESIDENTIAL CARE	1/525 3º STREET		7873	
Administrator		City	ZIP Code		
Jumy Maca	v.444n 1	STAR MARKO	83669		
Survey Team Leader		Survey Type	Survey Date	_	
T. GARREY		STAR INAMO Survey Type Briching EVAN / FIRE LIFE SAFETY	12.7-09		
NON-CORE ISSU	JES			-	
ITEM RULE # 16.03.22	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	DESCRIPTION	**************************************	DATE RESOLVED	BFS USE
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2, 405.05	Romes #1 - OPEN NO	RE IN WAL - 3" IN DIA	entitle.	1-25-10	1.5

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Response Required Date	Signature of Facility Representative	67		Date Signed	
_ 1-7-09	Deprisony O Mark	Rome a Sandar		12-7-09	Ž