



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

August 28, 2013

Charlene Humpherys, Administrator
Cedar Crest Residential Care
1200 East Sixth South
Mountain Home, ID 83647

License #: RC-428

Dear Ms. Humpherys:

On January 22, 2013, a Fire Life Safety Survey was conducted at Cedar Crest Residential Care. 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 call me at (208) 334-6626.

Sincerely,

TOM MROZ
Health Facility Surveyor
Facility Fire Safety & Construction Program

TM/nm



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

February 1, 2013

Charlene Humpherys, Administrator
Cedar Crest Residential Care
1200 East 6th South
Mountain Home, ID 83647

Dear Ms. Humpherys:

On January 22, 2013, a Fire Life Safety Survey was conducted at Cedar Crest Residential Care. 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 February 22, 2013.

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/nm
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R428	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 01/22/2013
NAME OF PROVIDER OR SUPPLIER CEDAR CREST RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EAST 6TH SOUTH MOUNTAIN HOME, ID 83647		
(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 fire and life safety requirements of IDAPA 16.03.22 Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on January 22, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <i>CEDAR CREST RETIREMENT</i>	Physical Address <i>1200 E 6TH SOUTH</i>	Phone Number <i>208-557-9073</i>
Administrator <i>CHARLENE HUMPHREYS</i>	City <i>MOUNTAIN HOME ID</i>	ZIP Code <i>83647</i>
Survey Team Leader <i>LOAN MROZ</i>	Survey Type <i>FIRE LIFE SAFETY</i>	Survey Date <i>1-22-13</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	750.01	FACILITY DID NOT PERFORM FIRE DRILLS FOR THE 4 TH QUARTER 2012. WHEN REQUESTED, FACILITY WIT UNABLE TO PROVIDE DOCUMENTATION DRILLS WAS PERFORMED.	2-2-13	TSM
2	415.02	FUEL FEED HEATING - FACILITY DID NOT HAVE ANY DOCUMENTATION SHOWING ANNUAL INSPECTION HAD BEEN PERFORMED.	2-22-13	TSM
3	405.05b	THE FACILITY DID NOT MAINTAIN THE EXITS FREE OF SNOW. EXIT OFF OF LIVING ROOM WAS NOT SWEPT.	1-22-13	TSM
4	405.05	THE LAUNDRY ROOM DOOR WERE HELD OPEN BY DOOR CHECKS,	8-27-13	R

Response Required Date <i>2-22-13</i>	Signature of Facility Representative <i>Charlene Humphreys</i>	Date Signed
--	---	-------------