



C.L. "BUTCH" OTTER - Governor  
RICHARD M. ARMSTRONG - Director

IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

DEBBY RANSOM, R.N., R.H.I.T. - Chief  
BUREAU OF FACILITY STANDARDS  
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February 14, 2013

Jenifer Christensen, Administrator  
Harmony House Assisted Living I - Harmony House  
P.O. Box 2792  
Hayden, ID 83835-2792

Dear Ms. Christensen:

On February 7, 2013, a Fire Life Safety Survey was conducted at Harmony House Assisted Living I - Harmony House. 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/nm  
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R1820</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BUILDING 1</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/07/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HOUSE ASSISTED LIVING I</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>454 WEST LACEY AVENUE HAYDEN, ID 83835</b>		
(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><b>Initial Comments</b></p> <p>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 February 7, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz, CFI-II Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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