



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

March 23, 2011

Garren Shakespear, Administrator
Homestead of St. Anthony
360 West 3500 North
Rexburg, Idaho 83440

License #: RC-979

Dear Mr. Shakespear:

On March 2, 2011, a Fire Life Safety Survey was conducted at Homestead Assisted Living Centers, Inc-- St. Anthony. 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,

A handwritten signature in black ink, appearing to read "Taylor Barkley".

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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March 9, 2011

Garren Shakespear, Administrator
Homestead of St. Anthony
360 West 3500 North
Rexburg, Idaho 83440

Dear Mr. Shakespear:

On March 2, 2011, a Fire Life Safety Survey was conducted at Homestead Assisted Living Centers, Inc.-- St Anthony. 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 April 2, 2011.

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: 13R979	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING ONE B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2011
NAME OF PROVIDER OR SUPPLIER HOMESTEAD ASSISTED LIVING CENTERS INC		STREET ADDRESS, CITY, STATE, ZIP CODE 610 NORTH BRIDGE STREET SAINT ANTHONY, ID 83445		
(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	Initial Comments The facility was found to be in substantial compliance with the life safety code requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard life safety code survey conducted on March 2, 2011. The surveyor conducting the survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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

PAGE 2/12 * RCVD AT 3/22/2011 4:46:22 PM Mountain Daylight Time * SVR:DHIRIGHT FAX:0 * DNS:1888 * CSIC: * DURATION (mm-ss):04-22



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Homestead of St. Anthony	Physical Address 610 N Bridge	Phone Number 208-624-1088
Administrator Garren Shakespear	City St Anthony Id	ZIP Code 83445
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 3-2-11

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.02	The last fuel fired heating inspection was February 25, 2010.	3/2/11	
2	404.02	The facility is not conducting Quarterly sprinkler inspections.	3/8/11	
3	415.05	The facility has not had the sprinkler system ANNUALLY inspected.	3/8/11	
4	410.02	The facility did not conduct one drill per shift per quarter.	3/5/11	
5	404.02	The facility is not testing the emergency lights 30 seconds a month or 90 minutes a year.	3/8/11	
6	415.04b	The facility is not checking or inspecting the fire alarm monthly.	3/5/11	

Response Required Date 4-2-11	Signature of Facility Representative <i>Garren Shakespear</i>	Date Signed 3/2/11
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