



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

April 15, 2013

Ron Hedelius, Administrator
Pine Brook Assisted Living Center of Idaho Falls
636 East First South
Rigby, ID 83442

License #: RC-813

Dear Mr. Hedelius:

On March 11, 2013, a Fire Life Safety Survey was conducted at Pine Brook Assisted Living of Idaho Falls. 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 contact me at (208) 334-6626.

Sincerely,

Taylor Barkley
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/nm

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



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March 20, 2013

Ron Hedelius, Administrator
Pine Brook Assisted Living Center of Idaho Falls
636 East First South
Rigby, ID 83442

Dear Mr. Hedelius:

On March 11, 2013, a Fire Life Safety Survey was conducted at Pine Brook Assisted Living of Idaho Falls. 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 11, 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/mm
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R813	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2013
NAME OF PROVIDER OR SUPPLIER PINE BROOK ASSISTED LIVING OF IDAHO FAI		STREET ADDRESS, CITY, STATE, ZIP CODE 1140 SCIENCE CENTER DRIVE IDAHO FALLS, ID 83402		
(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 11, 2013. 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



Facility Name Pinebrook of Idaho Falls	Physical Address 1140 Science Center Dr	Phone Number 208-542-6856
Administrator Ron Hedelius	City Idaho Falls	ZIP Code 83402
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 3-11-13

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.03	The last monthly inspection documented on the portable fire extinguishers inspection TAGS WAS IN MAY 2012.	4-5-13	7B
2	750.01	The facility did not document one drill per shift per Quarter	4-5-13	7B
3	403.02	The power supply for the fire Alarm system is plugged into A duplex electrical outlet.	4-11-13	7B

Response Required Date 4-11-13	Signature of Facility Representative 	Date Signed 3-11-13
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