



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](mailto:fsb@dhw.idaho.gov)

June 20, 2013

Shelby Gepford, Administrator  
Parkwood Meadows Assisted Living Community  
1885 Parkwood Street  
Idaho Falls, ID 83401

License #: Rc-564

Dear Gepford:

On March 14, 2013, a Fire Life Safety Survey was conducted at Parkwood Meadows Assisted Living Community. 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 plan of correction and 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/lg



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March 20, 2013

Shelby Gepford, Administrator  
Parkwood Meadows Assisted Living Community  
1885 Parkwood Street  
Idaho Falls, ID 83401

Dear Ms. Gepford:

On March 14, 2013, a Fire Life Safety Survey was conducted at Parkwood Meadows Assisted Living Community. 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 14, 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



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

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April 16, 2013

Shelby Gepford, Administrator  
Parkwood Meadows Assisted Living Community  
1885 Parkwood Street  
Idaho Falls, ID 83401

Dear Gepford:

In your letter to the Facility Fire Safety & Construction Program dated April 10, 2013, you requested additional time to resolve the non-core punch list items #1, #2, #3, and #5 cited during the Life Safety Code Survey survey conducted on March 14, 2013.

The Facility Fire Safety & Construction Program has considered your request and is granting a 60-day extension from the date of the original due date listed on the punch list left with you during your survey exit conference. The new due date for your evidence of resolution to be received by this office is June 3, 2013.

Please call me at (208) 334-6626 if you have questions, or if we can be of further assistance.

Sincerely,

TAYLOR BARKLEY  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/nm

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R564	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  03/14/2013
NAME OF PROVIDER OR SUPPLIER  PARKWOOD MEADOWS ASSISTED LIVING CO		STREET ADDRESS, CITY, STATE, ZIP CODE 1885 PARKWOOD STREET IDAHO FALLS, ID 83401		
(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 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 14, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley 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



Facility Name <b>Parkwood Meadows</b>	Physical Address <b>1885 Parkwood Street</b>	Phone Number <b>208-523-7800</b>
Administrator <b>Shelby Gepford</b>	City <b>Idaho Falls</b>	ZIP Code <b>83401</b>
Survey Team Leader <b>Taylor Barkley</b>	Survey Type	Survey Date <b>3-14-13</b>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	404.01	The sprinkler head in the walk-in freezer has been removed. The sprinkler line above the freezer has been capped off and the hole in the top of the freezer filled with expanding foam.	4-26-13	7B
2	404.01	The facility does not have a documented 5 year sprinkler system obstruction investigation.	4-26-13	7B
3	404.01	The facility does not have any documented quarterly sprinkler system inspections.	4-26-13	7B
4	404.01	The floor of the oxygen transferring room has been painted.	4-10-13	7B
5	404.01	The dry sprinkler system heads are older than 10 years old requiring testing or replacement.	4/26/13	7B

Response Required Date

**4-14-13**

Signature of Facility Representative

*Shelby Gepford*

Date Signed

**3/14/13**