



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)

May 3, 2011

Kaddy Fyfe, Administrator  
The Willows  
898 South Meridian  
Blackfoot, Idaho 83221

License #: RC-912

Dear Ms. Fyfe:

On March 29, 2011, a Fire Life Safety Survey was conducted at The Willows-- Blackfoot Operations, LLC. 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,

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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April 6, 2011

Kaddy Fyfe, Administrator  
The Willows Blackfoot Operations, LLC  
898 South Meridian  
Blackfoot, Idaho 83221

Dear Ms. Fyfe:

On March 29, 2011, a Fire Life Safety Survey was conducted at The Willows-- Blackfoot Operations. 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 29, 2011.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'MPG', with a long horizontal flourish extending to the right.

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:  <b>13R912</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/29/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOWS, THE-BLACKFOOT OPERATIONS, L</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>898 SOUTH MERIDIAN BLACKFOOT, ID 83221</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>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 29, 2011.</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>The Willows</b>	Physical Address <b>848 S. Meridian</b>	Phone Number <b>208-782-1478</b>
Administrator <b>Kaddy Fyfe</b>	City <b>Blackfoot ID</b>	ZIP Code <b>83221</b>
Survey Team Leader <b>Taylor Barkley</b>	Survey Type	Survey Date <b>3-29-11</b>

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	404.01	The facility does not have any records for smoke detector sensitivity testing.	4/11/11	
2	404.01	The facility has not had the kitchen hood or ducts cleaned.	4/1/11	
3	404.01	The emergency lights are not being tested 30 seconds a month or 90 minutes a year.	4/1/11	
4	404.01	The oxygen transfilling room is not mechanically ventilated.	3/30/11	
5	404.01	The furnace room ceiling in the dining room has an 8" x 8" hole in the ceiling.	3/30/11	
6	404.01	The sprinkler system is not being inspected on a quarterly basis.	4/14/11	

Response Required Date <b>4-29-11</b>	Signature of Facility Representative 	Date Signed <b>3-29-11</b>
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