

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

May 10, 2012

Michel Gifford, Administrator Rosetta Assisted Living-- Delphic 1970 East 17th Street, Suite 103 Idaho Falls, Idaho 83404

License #: RC-693

Dear Ms. Gifford:

On April 16, 2012, a Fire Life Safety Survey was conducted at Rosetta Assisted Living - Delphic. 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 Tayolor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARLEY Health Facility Surveyor

Facility Fire Safety & Construction Program

TB/lj

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

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April 30, 2012

Michel Gifford, Administrator Rosetta Assisted Living-- Delphic 1970 East 17th Street, Suite 103 Idaho Falls, Idaho 83404

Dear Ms. Gifford:

On April 16, 2012, a Fire Life Safety Survey was conducted at Rosetta Assisted Living-- Delphic. 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 May 16, 2012.

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 (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING 01 - ENTIRE BUILDING B. WING _ 13R693 04/16/2012

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1590 DELPHIC WAY

ROSETTA ASSISTED LIVING - DELPHIC 1590 DEL POCATEL		LO, ID 83201			
(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		R 000		
	The facility was found to be in substanticompliance with the life safety code requivered from the Rules for Residential or Assisted Facilities in Idaho. No core deficiencies cited during the standard life safety code conducted on April 16, 2012.	uirements Living were			
	The surveyor conducting the survey was	s:			
	Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction				
		,			

Bureau of Facility Standards

TITLE

(X6) DATE

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

STATE FORM

6899

7N5K21

If continuation sheet 1 of 1



MEDICAID L & C - RALF PROGRAM P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

Rosetta Delphic 1590 Delphic Way 208-238-	9215						
Michel Gifford Pocatello, Id 83204 Survey Team Leader Survey Type Survey Date							
Taylor Barkley 4-16-12							
NON-CORE ISSUES							
ITEM RULE # DESCRIPTION DATE # 16.03.22 RESOLVED	L&C USE						
1 410.02 The facility is not conducting one 4.17.12 drill per shift per avanter.							
drill per shift per avanter	: ·						
2 415.03 The portable fire extinguishers are 4.17.12	· -						
2. 415.03 The portable fire extinguishers are 4.17.12 Not being inspected on A monthly basis.							
DASIS.							
415 62 The last fined heating denice 4.17.12							
415,62 The last feel fired heating device 4.17.12 inspection was on 3-15-2011.	- · ·						
NECETAL ELLE							
MAY 0 3 2012							
	·						
FACILITY STANDARDS							
Response Required Date Signature of Facility Representative 5 - 16 - 13							