



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

June 26, 2012

Steve Richardson, Administrator
Cedar Grove Assisted Living, Inc.
1014 Claybourne Drive
Meridian, Idaho 83642

License #: RC-841

Dear Mr. Richardson:

On May 17, 2012, a Fire Life Safety Survey was conducted at Cedar Grove Assisted Living, Inc.. 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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May 23, 2012

Steve Richardson, Administrator
Cedar Grove Assisted Living, Inc.
1014 Claybourne Drive
Meridian, Idaho 83642

Dear Mr. Richardson:

On May 17, 2012, a Fire Life Safety Survey was conducted at Cedar Grove Assisted Living. 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 June 17, 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	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R841	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2012
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NAME OF PROVIDER OR SUPPLIER CEDAR GROVE ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1014 CLAYBOURNE DRIVE MERIDIAN, ID 83642
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(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 May 17, 2012.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Cedar Grove Assisted Living	Physical Address 1014 Claybourne Dr.	Phone Number 208-855-0429
Administrator Steve Richardson	City Meridian, Id	ZIP Code 83642
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 5-17-12

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	415.03	The portable fire extinguishers are not being inspected on a monthly basis.	5/20/12	
2	415.04	There is no current ANNUAL fire alarm inspection on record in the facility. This is a repeat deficiency cited during the last life safety code survey.	5/20/12	
3	415.02	There is no current ANNUAL fuel fired heating inspection on record in the facility.	5/20/12	
4	750.03	The Administrator failed to maintain a current fuel fired heating inspection in facility.	5/20/12	
5	750.05	The Administrator failed to maintain a current fire alarm inspection in the facility.	5/20/12	

Response Required Date 6-17-12	Signature of Facility Representative 	Date Signed 5-17-12
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RECEIVED

JUN 18 2012