



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: lsb@dhw.idaho.gov

June 29, 2011

Kelley Palmer, Administrator
Fairwinds-- Sandcreek
3310 Valencia Drive
Idaho Falls, Idaho 83404

License #: RC-661

Dear Ms. Palmer:

On May 25, 2011, a Fire Life Safety Survey was conducted at Fairwinds-- Sandcreek. 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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June 6, 2011

Kelley Palmer, Administrator
Fairwinds-- Sandcreek
3310 Valencia Drive
Idaho Falls, Idaho 83404

Dear Ms. Palmer:

On May 25, 2011, a Fire Life Safety Survey was conducted at Fairwinds-- Sandcreek. 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 25, 2011.

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: 13R661	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 05/25/2011
NAME OF PROVIDER OR SUPPLIER FAIRWINDS - SANDCREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 3310 VALENCIA DRIVE IDAHO FALLS, ID 83404		
(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 25, 2011.</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 Fairwinds Sandcreek	Physical Address 3310 Valencia Dr.	Phone Number 208-542-6200
Administrator Kelly Palmer	City Idaho Falls Id	ZIP Code 83404
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 5-25-11

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	404.01	The facility is not conducting quarterly sprinkler system inspections.	6/16-11	
2	404.01	The facility does not have ANY record of smoke detector sensitivity testing.	*See Note	
3	405.05	There is a painted sprinkler head in the creek side room.	6/3-11	
4	404.01	The dry sprinkler system air compressor is not hard wired.	6/17-11	
5	405.06	The north and south sidewalks that lead to the main entry of the facility need to be replaced or repaired. The concrete is deteriorating, crumbling, and settling creating pot holes, trip hazards and two wheelchair ramps that are not useable.	6/20-11	

Response Required Date 6-25-11	Signature of Facility Representative <i>Kelly Palmer</i>	Date Signed 5/25-11
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