



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 27, 2012

Smitty Wiley, Administrator  
Emeritus Corporation-- Ridge Wind  
3131 Elliott Avenue-- Suite 500  
Seattle, Washington 98121

License #: RC-772

Dear Mr. Wiley:

On May 25, 2012, a Fire Life Safety Survey was conducted at Emeritus at Ridge Wind. 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 Tom Mroz, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TOM MROZ  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TM/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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June 4, 2012

Smitty Wiley, Administrator  
Emeritus Corporation-- Ridge Wind Assisted Living  
3131 Elliott Avenue-- Suite 500  
Seattle, Washington 98121

Dear Mr. Wiley:

On May 25, 2012, a Fire Life Safety Survey was conducted at Emeritus Corporation - Emeritus At Ridge Wind. 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 24, 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:  <b>13R772</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/25/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>EMERITUS AT RIDGE WIND</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4080 HAWTHORNE ROAD CHUBBUCK, ID 83202</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><b>Initial Comments</b></p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of IDAPA 16.03.22 Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on May 25, 2012.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Facility Fire/Life Safety &amp; Construction Program</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <i>EMERITUS ESSTATES RIDGE WIND</i>	Physical Address <i>4080 HAWTHORNE TRD</i>	Phone Number <i>208-298-2909</i>
Administrator <i>SMITTEY WILLY</i>	City <i>CHUBBUCK ID</i>	ZIP Code <i>83202</i>
Survey Team Leader <i>TOM MROZ</i>	Survey Type <i>FIRE LIFE SAFETY</i>	Survey Date <i>5-25-12</i>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	405.016 16.03.22	THE FACILITY DID NOT ENSURE THAT ELECTRICAL CORDS AND/OR ELECTRICAL ADAPTERS ARE NOT BEING UTILIZED. THE FOLLOWING LOCATIONS - 300 HALL EMPLOYEE LOUNGE - REFRIGERATOR / MICROWAVE - NREM CARE SUITE ROOM - REFRIGERATOR / MICROWAVE - KITCHEN - MICROWAVE & SLICE WERE UTILIZING OUTLET EXTENDERS THAT WERE NOT UL LISTED FOR THIS APPLICATION.	6-18-12 TL	
2	415.03D	THE FACILITY DID NOT ENSURE THAT THE FIRE EXTINGUISHER IN THE LAUNDRY ROOM GAUGE SHOWED A CHARGED CONDITION. HANDLE WAS IN DISCHARGED POSITION.	6-19-12 TL	

Response Required Date <i>6-25-12</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>6/25/12</i>
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