



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)

July 6, 2012

Ron Hedelius, Administrator  
Pine Brook Assisted Living Center  
636 East 1st South  
Rigby, Idaho 83442

License #: RC-667

Dear Mr. Hedelius:

On June 5, 2012, a Fire Life Safety Survey was conducted at Pine Brook Assisted Living Center. 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

TB/lj

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



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 12, 2012

Ron Hedelius, Administrator  
Pine Brook Assisted Living Center  
636 East 1st South  
Rigby, Idaho 83442

Dear Mr. Hedelius:

On June 5, 2012, a Fire Life Safety Survey was conducted at Pine Brook Assisted Living Center. 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 July 5, 2012.

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 'M. Grimes', 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:  13R667	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED  06/05/2012
NAME OF PROVIDER OR SUPPLIER  PINE BROOK ASSISTED LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 636 EAST 1ST SOUTH RIGBY, ID 83442		
(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 fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on June 5, 2012.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Fire Life Safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <i>PINEBROOK ASSISTED LIVING</i>	Physical Address <i>1036 EAST 1<sup>ST</sup> SOUTH</i>	Phone Number <i>208-745-0100</i>
Administrator <i>RON HEDELIN</i>	City <i>RIBBY, ID</i>	ZIP Code <i>83442</i>
Survey Team Leader <i>TOM MROZ</i>	Survey Type <i>FREE LIFE SAFETY</i>	Survey Date <i>6-5-12</i>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	16.03.22	THE FACILITY DID NOT ENSURE THAT ALL EQUIPMENT AND SYSTEMS ARE PROPERLY MAINTAINED. THERE ARE NO FIRE SPRINKLERS IN THE BATHROOMS OFF OF THE LAUNDRY ROOM. LAUNDRY ROOM EXPANSION WILL REQUIRE ADDITIONAL COVERAGE.	7-5-12	TM

Response Required Date <i>7-5-12</i>	Signature of Facility Representative <i>[Handwritten Signature]</i>	Date Signed <i>6-5-12</i>
---	--	------------------------------