

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

Clint Calderwood, Administrator Teton Valley Residential Care Homes, Inc. PO Box 319 Victor, Idaho 83455

Dear Mr. Calderwood:

On June 12, 2012, a Fire Life Safety Survey was conducted at Teton Valley Residential Care Homes. 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.

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:

13R361

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

O1 - ENTIRE BUILDING

B. WING

06/12/2012

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TETON VALLEY RESIDENTIAL CARE HOMES.

73 WEST 900 SOUTH VICTOR, ID 83455

| TETON VALLEY RESIDENTIAL CARE HOMES, VICTOR, | | | | | |
|--|---|--|---------------------|--|--|
| (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) COMPLET DATE |
| R 000 | Initial Comments | | R 000 | | |
| | The facility was found to be in substantial compliance with the life safety code required from the Rules for Residential or Assisted I Facilities in Idaho. No core deficiencies cited during the standard life safety code conducted on June 12, 2012. | uirements Living were e survey | | | |
| | The surveyor conducting the survey was | : | | | |
| | Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction | | | | |
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Bureau of Facility Standards

TITLE

(X6) DATE

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

QCLZ21