

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chlef BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0009 PHONE: (208) 334-6826 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

August 13, 2012

Richard Drake, Administrator Woodstone Assisted Living 491 Caswell Avenue West Twin Falls, Idaho 83301

License #: RC-980

Dear Mr. Drake:

On June 20, 2012, a Fire Life Safety Survey was conducted at Woodstone Assisted Living - Heritage 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 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



C.L. "BUTCH" OTTER, Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T – Chlef BUREAU OF FACILITY STANDARDS 3232 Ekker Street P.O. Box 83720 Boise, Idaho 83720-0009 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: <u>Isb@dhw.idaho.gov</u>

July 9, 2012

Richard Drake, Administrator Woodstone Assisted Living 491 Caswell Avenue West Twin Falls, Idaho 83301

Dear Mr. Drake:

On June 20, 2012, a Fire Life Safety Survey was conducted at Woodstone 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 July 20, 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:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13R980

01 - BUILDING 1 A. BUILDING

B. WING\_

06/20/2012

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WOODSTONE ASSISTED LIVING

491 CASWELL AVE W

		TWIN FALL	LS, ID 83301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments		R 000		
	The facility was found to be in substantial compliance with the fire and life safety requirements of IDAPA 16.03.22 Reside or Assisted Living Facilities in Idaho. No deficiencies were cited during the standative/life safety survey conducted on June 2012.  The surveyor conducting the survey was Tom Mroz CFI-II Health Facility Surveyor Facility Fire/Life Safety & Construction P	ential Care o core ard 20,			
	cility Standards				

TITLE

(X6) DATE

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



MEDICAID L & C - RALF PROGRAM P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
WOODSTONE ASSISTED LIVING	491 CASWELL AVE W	208-734-6062
Administrator	City	ZIP Code
RICHARD DRAZE	Twin FALLS 1)	83301
Survey Team Leader	Survey Type	Survey Date
TOM MROZ	FIRE LIFE SAFETY	6-20-12

Survey	ream Leader		vey Date						
10.	M MRO	2 FIRE LIFE SAFETY	-20-12						
NON-CORE ISSUES									
ITEM #	RULE # 16.03.22	DESCRIPTION	DATE L&C RESOLVED USE						
7	415.02	THE FACILITY DID NOT FINSURE INTAT FUEL - FIFTH HATTING DE	706k						
		AND SOMETHIS THE MISTERNED SEEMED AF LEAST ANNUALLY	(Fi)						
		·							
2_	405,05	THE FACILITY DO NOT IMPINIAN THE FACILITY TO ENSURE THE	6-28-12 -M						
	1	PAFETY OF THE RESIDENTS PRISONNEL AND THE PUBLIC.	TRASTER GLIW						
		1 . ROOM TO (BATT GOO) & THE CLOCK ROOM DOOR HAVE TRANSFEE GRID	C WEE preemby						
		2 " FRONT LOUNKE EAST CRUSS- COSTIDUR DODES WHE NOT SHOT TIGHT.							
		<u> </u>	No. and the second seco						
<u>.3.</u>	415.01	THE FAMILITY DW NOT ENSURE THE AN SYSTEMS AND SYSTEM	6-25-12						
	٠,٠	ALE PROFFELY MAINTAINED. THE FACILITY HAT NO RECORD OF	· W						
		THE 5 YEAR INTERNAS SPRINKLER PIRIOL INSCECTION.							
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Paenan	co Paguired Data	Signature of Facility Representative	Date Signed						
Response Required Date $7 - 2 \lor - \lor Z$		Third and anales	6/20/12						
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