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

August 8, 2011

Ellen Avery, Administrator
Golden Pines-- Rural Assisted Living Facilities
235 North 4200 East
Rigby, Idaho 83442

License #: RC-913

Dear Ms. Avery:

On June 29, 2011, a Fire Life Safety Survey was conducted at Golden Pines-- Rural Assisted Living Facilities LLC. 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 Eric Mundell, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

Eric Mundell

ERIC MUNDELL
Health Facility Surveyor
Facility Fire Safety & Construction Program

EM/lj

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

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July 11, 2011

Ellen Avery, Administrator
Golden Pines-- Rural Assisted Living Facilities
235 North 4200 East
Rigby, Idaho 83442

Dear Ms. Avery:

On June 29, 2011, a Fire Life Safety Survey was conducted at Golden Pines-- Rural Assisted Living Facilities . 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 29, 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13R913	A. BUILDING 01 - ENTIRE BUILDING B. WING	06/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN PINES-RURAL ASSISTED LIVING FA(	235 NORTH 4200 EAST 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	Initial Comments 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 June 29, 2011. The surveyor conducting the survey was: Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety & Construction Program	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

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
Golden Pines	235 N 4200 East	745-7454
Administrator	**City**	**ZIP Code**
Ellen Avery	Rigby	83442
Survey Team Leader	**Survey Type**	**Survey Date**
Eric Mundell	FLS	6/29/11

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	750.03	Fuel-Fired Inspection: A record of the annual inspection was not kept on file	7/21/11	
2	415.03	Fire Extinguishers: The annual inspection is overdue. Tag indicates May 2010.	7/14/11	

RECEIVED AUG 02 2011 REGION IV MEDICAID

RECEIVED AUG 03 2011 FACILITY STANDARDS

RECEIVED JUL 29 2011 By

Response Required Date	Signature of Facility Representative	Date Signed
July 2 2011	X [signature] Ellen Avery	6/29/11

L&C-686 September 2008