



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) 334-6826
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

August 15, 2012

Michelle Bingham, Administrator
Meadows Assisted Living Center
16 Airport Road
Salmon, Idaho 83467

License #: RC-1002

Dear Ms. Bingham:

On July 17, 2012, a Fire Life Safety Survey was conducted at Meadows 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 Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Taylor Barkley". The signature is written in a cursive, flowing style.

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj

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



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July 31, 2012

Michelle Bingham, Administrator
Meadows Assisted Living Center
16 Airport Road
Salmon, Idaho 83467

Dear Ms. Bingham:

On July 17, 2012, a Fire Life Safety Survey was conducted at Meadows 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 August 16, 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: 13R1002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MEADOWS ASSISTED LIV B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2012
NAME OF PROVIDER OR SUPPLIER MEADOWS ASSISTED LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 16 AIRPORT ROAD SALMON, ID 83467		
(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 life safety code requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard life safety code survey conducted on July 17, 2012.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Meadows Assisted Living	Physical Address 16 Airport Road	Phone Number 208-756-1043
Administrator Michelle Bingham	City Salmon Id	ZIP Code 83467
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 7-17-12

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.05	The LAST ANNUAL sprinkler system inspection WAS ON July 6, 2011.	7-26-12	
2	260.01	The last ANNUAL well water bacteria EXAMINATION WAS ON July 7, 2011.	7-27-12	
3	405.01	There is a relocatable power Tap powering 2 freezers and a refrigerator in the pantry.	7-21-12	
4	410.01	The facility does not have a written Agreement for relocation.	7-26-12	
5	410.02	The facility did not conduct one drill per shift per quarter.	7-26-12	
6	415.01	There is A leaking sprinkler head in the laundry room and in the hall directly outside of the laundry room.	7-26-12	
7	415.03	The fire extinguishers Are not being inspected ON a monthly basis.	7-31-12	

Response Required Date
8-17-12

Signature of Facility Representative:
Michelle Bingham

RECEIVED

Date Signed
7/17/12

AUG 14 2012