



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 15, 2012

Ellen Avery, Administrator
Golden Pines
235 North 4200 East
Rigby, Idaho 83442

License #: RC-913

Dear Ms. Avery:

On July 18, 2012, a Fire Life Safety Survey was conducted at Golden Pines. 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,

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

Ellen Avery, Administrator
Golden Pines
235 North 4200 East
Rigby, ID 83442

Dear Ms. Avery:

On July 18, 2012, a Fire Life Safety Survey was conducted at Golden Pines-- Rural Assisted Living Facilities LLC. 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 18, 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: 13R913	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2012
NAME OF PROVIDER OR SUPPLIER GOLDEN PINES-RURAL ASSISTED LIVING FA		STREET ADDRESS, CITY, STATE, ZIP CODE 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	<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 18, 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 Golden Pines	Physical Address 235 N 4200 East	Phone Number 208-745-7454
Administrator Ellen Avery	City Rigby, Id	ZIP Code 83442
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 7-18-12

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
✓ 1	410.02	The facility did not conduct one drill per shift per quarter.	8/9/12	
✓ 2	750	The Administrator is NOT maintaining the facility's fire and life safety records in the facility.	8/8/12	
✓ 3	415.05	The facility does not have a documented annual sprinkler system inspection.	8/9/12	
✓ 4	415.02	The facility does not have a documented annual fuel fired heating device inspection.	8/9/12	
5	415.04	The facility does not have a documented annual fire alarm inspection.	8/9/12	

Response Required Date 8-18-12	Signature of Facility Representative 	RECEIVED AUG 13 2012 FACILITY STANDARDS	Date Signed 7/18/12
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