

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 30, 2012

Jill Williams, Administrator Rigby Country Living 4202 East 300 North Rigby, Idaho 83442

License #: RC-914

Dear Ms. Williams:

On July 19, 2012, a Fire Life Safety Survey was conducted at Rigby Country Living. 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/li

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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July 31, 2012

Jill Williams, Administrator Rigby Country Living 4202 East 300 North Rigby, Idaho 83442

Dear Ms. Williams:

On July 19, 2012, a Fire Life Safety Survey was conducted at Rigby Country 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 August 19, 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

PRINTED: 07/26/2012 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - ENTIRE BUILDING B. WING \_ 13R914 07/19/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4202 EAST 300 NORTH RIGBY COUNTRY LIVING-RURAL ASSISTED L RIGBY, ID 83442 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) R 000 Initial Comments R 000 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 19, 2012. The surveyor conducting the survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction

Bureau of Facility Standards

TITLE

(X6) DATE



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
Richy Country Living	4202 E 300 N	208-745-9096
Administrator	City	ZIP Code
Jill Williams	Ricby Id	83442
Survey Team Leader	Survey Type	Survey Date
Taylor Barkley		7-19-12

Survey Team	n Leader		Survey Type	Survey Date	
TAY	100 I	Barkley		7-19-12	
VON-CC	RE ISSU	ES			
	RULE# 16.03.22		DESCRIPTION	DATE RESOLVED	L&C USE
1 4	OHEOL	The Kitche	n hood is utilizing	e mesh filters 8-16-12	1B
2 4	04.61	The sprinkler	system is not bei	Le inspected	
		on A Quarte	Ny basis.	8-7-12	7B
3, 4	19.01	The rear pat	is is covered by A ?	Alfoot by	
, 		14 foot combu	stible roof that do	ses not	
		have ANY spris	NKIER protection.	8-20-12	78
4 4	04.01	The facility	loes not have any	documented	
		bi-ANNUAL	hood CLEANINGS or	inspections 8-10-12	7B
5 4	04.01	1	does not have A d	590	
		5 year spri	uklen system Bstru	ction	
		investigation	/	8-14-12	1B
(man)	50.06		does not have an		
		sprinkler sys	ten inspection re	port in	
		the facility	#	8-14-19	1B
7 4	15.00	The fuel fixed	heating devices has	le not been	
		ANNUALLY INSP	eted 0	8-8-12	78
esponse Re	equired Date	Signature of Facility Representative	a je	Date Signed	
8-19	-/2	Ju all	Can	7/19//.	2