



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](mailto:fsb@dhw.idaho.gov)

September 19, 2012

Larue Gunter, Administrator  
Crystal Springs Living Center  
8284 South Crystal Springs Road  
McCammon, Idaho 83250

License #: RC-510

Dear Ms. Gunter:

On August 8, 2012, a Fire Life Safety Survey was conducted at Crystal Springs 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,

TAYLOR BARKLEY  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/lj

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



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](mailto:fsb@dhw.idaho.gov)

August 15, 2012

Larue Gunter, Administrator  
Crystal Springs Living Center  
8284 South Crystal Springs Road  
McCammon, Idaho 83250

Dear Ms. Gunter:

On August 8, 2012, a Fire Life Safety Survey was conducted at Crystal Springs 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 September 10, 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:  <b>13R510</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDINGQ</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2012</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CRYSTAL SPRINGS LIVING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8284 SOUTH CRYSTAL SPRINGS ROAD MC CAMMON, ID 83250</b>
--	---

(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><b>Initial Comments</b></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 August 8, 2012.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	R 000		

Bureau of Facility Standards	TITLE	(X6) DATE
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		
STATE FORM	6899 PQ9N21	If continuation sheet 1 of 1



Facility Name <i>Crystal Springs living Center</i>	Physical Address <i>8284 S Crystal Rd</i>	Phone Number <i>208-254-9279</i>
Administrator <i>Larve Gunter</i>	City <i>MCCAMMON</i>	ZIP Code <i>83250</i>
Survey Team Leader <i>Taylor Barkley</i>	Survey Type	Survey Date <i>8-8-12</i>

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.08	The 2 fire extinguishers installed are covered in dust and do not have inspection tags.	8-11-12	7B
2	410.02	The facility did not conduct one drill per shift per quarter.	9-4-12	7B
3	405.11	The property is littered with dish washers, laundry machines, old yard care equipment, boxes, old carpeting, clothes, and is overgrown with weeds and brush.	9-11-12	7B
4	415.02	The facility does not have a documented fuel-fired heating inspection.	8-14-12	7B
5	415.04	The facility does not have a documented annual fire alarm inspection.	1-11-12	7B

Response Required Date <i>9-8-12</i>	Signature of Facility Representative <i>Danette Gunter</i>	Date Signed <i>9-8-12</i>
---	---	------------------------------