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

September 20, 2011

Shawna Warner, Administrator
Elegant Residential Assisted Living, Inc.
1256 Wright Avenue, Building A
Pocatello, Idaho 83201

License #: RC-916

Dear Ms. Warner:

On August 18, 2011, a Fire Life Safety Survey was conducted at Elegant Residential Assisted 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 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

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 23, 2011

Shawna Warner, Administrator
Elegant Residential Assisted Living
1256 Wright Avenue, Bldg A
Pocatello, Idaho 83201

Dear Ms. Warner:

On August 18, 2011, a Fire Life Safety Survey was conducted at Elegant Residential Assisted 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 September 18, 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: 13R916	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/18/2011
NAME OF PROVIDER OR SUPPLIER ELEGANT RESIDENTIAL ASSISTED LIVING, IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1256 WRIGHT AVENUE, BLDG A POCATELLO, ID 83201		

(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 August 18, 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
Elegant Residential Assisted Living Inc	1256 Wright Avenue Bldg A,B,C	478-9400
Administrator	**City**	**ZIP Code**
Shauna Warner	Pocatello	83201
Survey Team Leader	**Survey Type**	**Survey Date**
Eric Mundell	FLS	8/18/11

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.02	Fuel-Fired Heating: The furnace and fireplace had no record of inspections in all three buildings. Annual inspections are required.	9/15/11	
2	415.03	Medical Guest: A "No Smoking-Transferring in Progress" was not displayed on door of garage when transferring takes place.	9/15/11	
3	415.07	Exit Door Locks: Bldg #1 & #2 have double keyed dead bolt locks on side doors (1 of 3 units). These doors require special knowledge/keys to open. Thumb openers are OK.	9/15/11	

Response Required Date	Signature of Facility Representative	Date Signed
September 16, 2011	Shauna Warner	8-18-11