

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 83720-009 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

August 28, 2012

Deeon Waters, Administrator New Beginnings #2 Community Living Home 2105 Avocet Drive Idaho Falls, Idaho 83406

License #: RC-304

Dear Ms. Waters:

On August 20, 2012, a Fire Life Safety Survey was conducted at New Beginnings #2 Community Living Home. 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 Tom Mroz, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TOM MROZ

Health Facility Surveyor

Facility Fire Safety & Construction Program

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c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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August 28, 2012

Deeon Waters, Administrator New Beginnings #2 Community Living Home 2105 Avocet Drive Idaho Falls, Idaho 83406

Dear Ms. Waters:

On August 20, 2012, a Fire Life Safety Survey was conducted at New Beginnings #2 Community Living Home. 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 20, 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/li

Enclosure

08/20/2012

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13R304

A. BUILDING 01 - ENTIRE BUILDING B. WING _

STREET ADDRESS, CITY, STATE, ZIP CODE

2105 AVOCET DRIVE

			OCET DRIVE ALLS, ID 83406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	00 Initial Comments		R 000		
	The facility was found to be in substantic compliance with the fire and life safety requirements of the Rules for Residentian Assisted Living Facilities in Idaho. No odeficiencies were cited during the stand fire/life safety survey conducted on Aug 2012. The surveyor conducting the survey was Tom Mroz CFI-II Health Facility Surveyor Facility Fire/Life Safety & Construction Facility Fire/Life Facility Facility Fire/Life Facility	al or ore ard ust 20,			
	cility Standards				

TITLE

(X6) DATE

ZC3L21



BUREAU OF FACILITY STANDARDS 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
NEW BESINAINES #2 Administrator DEFON WATELY	2105 AVOCET DEIVE City 1DAMO FALLS, 1D Survey Type FILE LIFE SAFET.	208-523-5571
Administrator	City	ZIP Code
DEEDN WATELS	IDANO FALLS, ID	8 340 6
Survey ream Leader	Survey Type	Survey Date
TM	MIE LIFE JARETY	8-20-12
NON-CORE ISSUES		
# 16.03.22	DESCRIPTION	DATE BFS RESOLVED USE
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	TANDARDS	N. C. V.
	FACILITY STANDARDS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Serviced Data Class (157 - 5 - 4 - 1)		
Response Required Date Signature of Facility Representative		Date Signed