



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)

October 10, 2012

Amy Johnson, Administrator  
Gardens of Rigby  
3693 South Milan Way  
Meridian, Idaho 83642

License #: RC-962

Dear Ms. Johnson:

On August 22, 2012, a Fire Life Safety Survey was conducted at The Gardens of Rigby. 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

TM/lj

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



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August 29, 2012

Amy Johnson, Administrator  
Gardens of Rigby  
3693 South Milan Way  
Meridian, Idaho 83642

Dear Ms. Johnson :

On August 22, 2012, a Fire Life Safety Survey was conducted at The Gardens of Rigby. 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 22, 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:  13R962	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED  08/22/2012
NAME OF PROVIDER OR SUPPLIER  GARDENS OF RIGBY		STREET ADDRESS, CITY, STATE, ZIP CODE 130+144 STOCKHAM BOULEVARD 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><b>Initial Comments</b></p> <p>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 22, 2012.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Facility Fire/Life Safety &amp; Construction Program</p>	R 000		

Bureau of Facility Standards

TITLE

(X8) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



Facility Name <i>GARDENS OF RIGBY</i>	Physical Address <i>130 E 144 STUCKHAM BLVD</i>	Phone Number <i>208-745-7290</i>
Administrator <i>AMY JOHNSON</i>	City <i>RIGBY, ID</i>	ZIP Code <i>83442</i>
Survey Team Leader <i>TJM</i>	Survey Type <i>FIRE LIFE SAFETY</i>	Survey Date <i>8-22-12</i>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.04B	THE FACILITY DID NOT HAVE THE ANNUAL FIRE ALARM INSPECTION PERFORMED.	10-1-12	TJM
2	410.02	THE FACILITY DID NOT PERFORM A MINIMUM OF ONE (1) FIRE DRILL PER SHIFT PER QUARTER	8-23-12	TJM
3	415.02	THE FACILITY DID NOT ENSURE THAT FIRE-FIRED HEARING DEVICES & SYSTEMS ARE INSPECTED/SERVICED/CLEANED AT LEAST ANNUALLY.	8-24-12	TJM

Response Required Date <i>9-22-12</i>	Signature of Facility Representative <i>Jana Dibley</i>	Date Signed <i>8-22-12</i>
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