



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 30, 2011

Kreen Gilbert, Administrator  
Purple Sage Manor  
PO Box 41  
Twin Falls, Idaho 83303

License #: RC-174

Dear Ms. Gilbert:

On September 7, 2011, a Fire Life Safety Survey was conducted at Purple Sage Manor. 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,

A handwritten signature in black ink, appearing to read 'TB', with a long horizontal line extending to the right.

TAYLOR BARKLEY  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/lj

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



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September 14, 2011

Kreen Gilbert, Administrator  
Purple Sage Manor  
PO Box 41  
Twin Falls, Idaho 83303

Dear Ms. Gilbert:

On September 7, 2011, a Fire Life Safety Survey was conducted at Purple Sage Manor. 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 October 7, 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:  <b>13R174</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/07/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PURPLE SAGE MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1827 KIMBERLY ROAD TWIN FALLS, ID 83301</b>
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(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
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R 000	<p>Initial Comments</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 September 7, 2011.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	R 000		
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Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <b>Purple Sage Manor</b>	Physical Address <b>1827 Kimberly Rd.</b>	Phone Number <b>208-733-8027</b>
Administrator <b>Kreen Gilbert</b>	City <b>Twin Falls Id</b>	ZIP Code <b>83301</b>
Survey Team Leader <b>Taylor Barkley</b>	Survey Type	Survey Date <b>9-7-11</b>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	404.01	The Annual sprinkler system inspection report dated 11-16-10 indicates that the five year internal inspection is due.	9-20-11	
2	404.01	The facility does not have A record of smoke detector sensitivity testing.	9-12-11	

RECEIVED  
SEP 27 2011  
FACILITY COMPLIANCE

Response Required Date <b>10-7-11</b>	Signature of Facility Representative <i>Kreen Gilbert</i>	Date Signed <b>9-7-11</b>
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