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

October 30, 2012

Ginger Bailey, Administrator
Malad Living Center
PO Box 194
Malad, ID 83252

License #: RC-463

Dear Ms. Bailey:

On September 11, 2012, a Fire Life Safety Survey was conducted at Malad 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

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September 20, 2012

Ginger Bailey, Administrator
Malad Living Center
Po Box 194
Malad, ID 83252

Dear Ms. Bailey:

On September 11, 2012, a Fire Life Safety Survey was conducted at Malad 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 October 11, 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: 13R463	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/11/2012
NAME OF PROVIDER OR SUPPLIER MALAD LIVING CENTER/RCF	STREET ADDRESS, CITY, STATE, ZIP CODE 151 WEST 200 NORTH MALAD, ID 83252		

(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 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 11, 2012. The surveyor conducting the survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

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
Malad Living Center	151 W 200 N	208-766-4724
Administrator	**City**	**ZIP Code**
Ginger Bailey	Malad Id	83252
Survey Team Leader	**Survey Type**	**Survey Date**
Taylor Barkley		9-11-12

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	404.01	The Kitchen hood is using a mesh filter.		
		Still waiting on Malad heating/cooling garage to give invoice but installed 10/24/12	10/24/12	
2.	404.01	The Kitchen hood is not being inspected		
		and or cleaned on a bi-annual basis.		
		Scheduled Bi Annual inspection/cleaning for April/2013	10/8/12	

RECEIVED
OCT 29 2012
FACILITY STANDARDS

Response Required Date	Signature of Facility Representative	Date Signed
10-11-12	C Bailey	10-11-12.