



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

November 21, 2011

Dollie Wallace, Administrator
Alpine Meadows Assisted Living
1695 S Locust Grove Rd
Meridian, Idaho 83642

License #: RC-988

Dear Ms. Wallace:

On September 13, 2011, a Fire Life Safety Survey was conducted at Alpine Meadows Assisted Living, Llc. 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
Health Facility Surveyor
Facility Fire Safety & Construction Program

EM/lj

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



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September 21, 2011

Dollie Wallace, Administrator
Alpine Meadows Assisted Living
1695 South Locust Grove Road
Meridian, Idaho 83642

Dear Ms. Wallace:

On September 13, 2011, a Fire Life Safety Survey was conducted at Alpine Meadows 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 October 13, 2011.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark P. Grimes". The signature is fluid and cursive, with a long horizontal line extending to the right.

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: 13R988	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2011
NAME OF PROVIDER OR SUPPLIER ALPINE MEADOWS ASSISTED LIVING, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1695 S LOCUST GROVE RD MERIDIAN, ID 83642		
(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>Initial Comments</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 September 13, 2011.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <i>Alpine Meadows</i>	Physical Address <i>1695 S Locust Grove Rd</i>	Phone Number <i>888 0090</i>
Administrator <i>Dollie Wallace</i>	City <i>Meridian</i>	ZIP Code <i>53642</i>
Survey Team Leader <i>Eric Mansell</i>	Survey Type <i>FCS</i>	Survey Date <i>9/13/11</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.05	Automatic Fire Extinguishing System Service Testing. The tag affixed to the sprinkler riser indicates the last inspection was completed in May 2010.	9/16/11	✓
2	750.06	The automatic fire sprinkler system inspection results were not available for review.	9/14/11	✓
3	750.05	a & b - a) Fire alarm testing was not available for review - there were no reports available. b) Monthly testing results were not available for review. And c) Note: Fire alarm sensitivity was overdue (F)	9/14/11	✓
4	750.01	Fire Drill Documentation: Staff did not have a current record when fire drill documentation was kept on record.	10/20/11	✓
5	410.01	Written Agreement: The written agreement for re-location of residents was not available for review and staff was not familiar with the policy.	10/20/11	✓
6	750.01	Fire Drills Documentation was not available for review		

Response Required Date <i>October 12, 2011</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>9/13/11</i>
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