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 7, 2012

Rod Johnson, Administrator
Highland Estates
2050 Hiland Avenue
Burley, ID 83318

License #: RC-911

Dear Mr. Johnson:

On September 25, 2012, a Fire Life Safety Survey was conducted at Highland Estates. 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

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 3, 2012

Rod Johnson, Administrator
Highland Estates
2050 Hiland Avenue
Burley, Idaho 83318

Dear Mr. Johnson:

On September 25, 2012, a Fire Life Safety Survey was conducted at Highland Estates-- Burley Operations, LLC. 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 25, 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13R911	A. BUILDING 01 - ENTIRE BUILDING B. WING _____	09/25/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND ESTATES-BURLEY OPERATIONS,	2050 HILAND AVENUE BURLEY, ID 83318

(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 25, 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

MEDICAID L & C – RALF PROGRAM
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
Highland Estates	2050 Hiland Ave	208-678-4411
Administrator	**City**	**ZIP Code**
Rod Johnson	Burley Id	83318
Survey Team Leader	**Survey Type**	**Survey Date**
Taylor Barkley	FLS 1 of 3	9-25-12

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	404.01	The facility does not have a documented smoke detector sensitivity test. Attachment #2	10-18	
2	404.01	The facility does not have a documented five year sprinkler system inspection. Attachment #3	10-22-12	
3	404.01	The sprinkler system is not being inspected on a Quarterly basis.	10-22-12	
4	415.02	The last fuel fired heating inspection was on July 19, 2011. Attachment #4	9-29-12	
5	404.01	The facility is not testing the emergency lights for 30 seconds a month and 90 minutes once annually. Attachment #5	10-4-12	

Response Required Date	Signature of Facility Representative	Date Signed
10-25-12	Sara Todunovich	9/25/12

RECEIVED
OCT 23 2012
FACILITY STANDARDS

L&C-686 September 2008

Oct. 23. 2012 9:09AM Highland Estates No. 1578 P. 1

IDAHO DEPARTMENT OF HEALTH & WELFARE

MEDICAID L & C – RALF PROGRAM
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
Highland Estates	2050 Hiland Ave	208-678-4411
Administrator	**City**	**ZIP Code**
Rod Johnson	Burley, Id	83318
Survey Team Leader	**Survey Type**	**Survey Date**
Taylor Barkley	FLS 2 of 3	9-25-12

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
6.	161.03	The facility does not have a smoking policy in accordance with this section. ATTACHMENT #10	10-2-12	
7	415.06	The facility does not have a fire watch policy. ATTACHMENT #7	10-8-12	
8	410.02	The facility did not conduct one drill per shift per quarter. ATTACHMENT #8 A,B,C,D	10-20-12	
9	404.01	The kitchen hood is not being inspected / cleaned on a biannual basis. ATTACHMENT #9	10-7-12	
10	404.01	The kitchen hood fire suppression system is not being inspected on a bi-annual basis. ATTACHMENT # 10A + 10B	10-7-12	

Response Required Date	Signature of Facility Representative	Date Signed
10-25-12	Sara Podunovich	9/25/12

IDAHO DEPARTMENT OF HEALTH & WELFARE

MEDICAID L & C – RALF PROGRAM
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
Highland Estates	2050 Hiland Ave	208-678-4411
Administrator	**City**	**ZIP Code**
Rod Johnson	Burley, Id	83318
Survey Team Leader	**Survey Type**	**Survey Date**
Taylor Barkley	FLS 3 of 3	9-25-12

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
11	415.01	The escutcheon ring is hanging off of the water difuser on the sprinkler head in the laundry room. ATTACHMENT # 11	10-2-12	
12	410.01	The facility does not have a written agreement for relocation available. ATTACHMENT # 12	10-20-12	
13	154	The Administrator does not have an Emergency preparedness plan available to staff.	10-5-12	
14	250.10	The water temperature does not reach 105 degrees Fahrenheit. ATTACHMENT #14 Items # 4, and 8 are 2nd repeat citations cited on 7-11-11.	10-2-12	

Response Required Date	Signature of Facility Representative	Date Signed
10-25-12	Sara Podunovich	9/25/12