



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 Bolse, Idaho 83720-009 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

December 3, 2012

Diane Holley, Administrator Creekside Care Center 222 6th Avenue West Jerome, ID 83338

License #: RC-365

Dear Mrs. Holley:

On September 26, 2012, a Fire Life Safety Survey was conducted at Creekside Care Center. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

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/nw

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

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 83720-0009 Boise, Idaho 83720-0009 PHONE: (208) 334-6826 FAX: (208) 364-1888 E-mail: jsb@dhw.idaho.gov

October 3, 2012

Diane Holley, Administrator Creekside Care Center 222 6th Avenue West Jerome, Idaho 83338

Dear Ms. Holley:

On September 26, 2012, a Fire Life Safety Survey was conducted at Creekside Care 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 26, 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 (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A, BUILDING 01 - ENTIRE BUILDING B. WING 13R365 09/26/2012

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

222 6TH AVENUE WEST

			AVENUE WEST I, ID 83338			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY F REGULATORY OR LSC IDENTIFYING INFORMA	FULL	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		R 000			
	The facility was found to be in substantial compliance with the life safety code required the Rules for Residential or Assisted Life Facilities in Idaho. No core deficiencies of cited during the standard life safety code conducted on September 26, 2012.	irements living were survey				
	The surveyor conducting the survey was	:				
	Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction					
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Bureau of Facility Standards

TITLE

(X6) DATE

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



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
Creekside Care Center	222 6th Ave West	208-324-4941
Administrator	City	ZIP Code
Diane Holler	Jerome, Id	83338
Survey Team Leader	Survey Type	Survey Date
Taylor Barkley		9-26-12

	AYlor		26-19	
	CORE ISSU			
ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
	410.01	The facility does not have A written Agreemen	÷	
	1	for relocation.	10-25-12	78
	·			
2.	404.01	The sprinkler system inspection report that		
	•	is dated Time 11, 2012 indicates that the		
		Automatic fire sprinkler system is due for A		
•		FIVE YEAR INSPECTION, AND That the Dry		
304000		pendent heads are over ten years old.	10-4-12	7.3
3	404,01			
		smoke detertor sensitivity test.	2-10-13	7/3
4	404.01	The last Kitchen hood inspection cleaning		
		WAD IN LEULUANY AUIZ.	10-15-12	113
5	405.01	There is an extension cord powering A hair	(	
Response Required Date		CUNINA IVON IN THE BEAUTY FALON: Signature of Facility Representative	/ 0 - 入 <u> </u>	113
10-26-12		Becker Mind	9.26-1	2
10-	00,10			