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 10, 2012

Nancy Huff, Administrator
Golden Girls Manor
523-6th Avenue
Lewiston, ID 83501

License #: RC-839

Dear Mrs. Huff:

On October 1, 2012, a Fire Life Safety Survey was conducted at Golden Girls 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 Tom Mroz, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TOM MROZ
Health Facility Surveyor
Facility Fire Safety & Construction Program

TM/lj

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

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October 10, 2012

Nancy Huff, Administrator
Golden Girls Manor
523-6th Avenue
Lewiston, Idaho 83501

Dear Mrs. Huff:

On October 1, 2012, a Fire Life Safety Survey was conducted at Golden Girls 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 November 1, 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 A. BUILDING 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED
	13R839		10/01/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN GIRLS MANOR	214 LARKSPUR LANE LEWISTON, ID 83501

(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 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 October 1, 2012. The surveyor conducting the survey was: Tom Mroz CFI-II Health Facility Surveyor Facility Fire/Life Safety & Construction Program	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
GOLDEN GIRLS MANOR	214 LARKSPUR LA	208-798-1933
Administrator	**City**	**ZIP Code**
NANCY HUFF	LEWISTON, ID	83501
Survey Team Leader	**Survey Type**	**Survey Date**
TOM MROZ	FIRE LIFE SAFETY.	10-1-12

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	4/15.02	FACILITY WAS UNABLE TO PROVIDE DOCUMENTATION THAT FUEL-FIRED HEATING DEVICES AND SYSTEMS ARE INSPECTED/ SERVICED/ CLEANED AT LEAST ANNUALLY	10-5-12	TRM
2	4/10.02	THE FACILITY DID NOT PERFORM A MINIMUM OF ONE (1) FIRE DRILL PER SHIFT PER QUARTER. WHEN ASKED, THE FACILITY WAS UNABLE TO PROVIDE DOCUMENTED FIRE DRILL RECORDS FOR THE THIRD (3RD) QUARTER 2012.	10-5-12	TRM

Response Required Date	Signature of Facility Representative	Date Signed
11-1-12		