# 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 1, 2011

Mark Stephenson, Administrator
Gables Senior Living
1405 Curlew Drive
Ammon, Idaho 83406

License #: RC-964

Dear Mr. Stephenson:

On October 25, 2011, a Fire Life Safety Survey was conducted at Gables Senior Living-- Arrowhead Management Company 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

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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October 31, 2011

Mark Stephenson, Administrator
Gables Senior Living
1405 Curlew Drive
Ammon, Idaho 83406

Dear Mr. Stephenson:

On October 25, 2011, a Fire Life Safety Survey was conducted at Gables Senior Living-- Arrowhead Management Company 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 November 25, 2011.

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 |
|---|---|---|---|
| | 13R964 | A. BUILDING 01 - ENTIRE BUILDING<br>B. WING _____ | 10/25/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GABLES SENIOR LIVING - ARROWHEAD MAN | 1405 CURLEW DRIVE<br>AMMON, ID 83406 |

| (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<br><br>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 25, 2011.<br><br>The surveyor conducting the survey was:<br><br>Eric Mundell REHS<br>Health Facility Surveyor<br>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 |
|---|---|---|
| Gables Senior Living | 1405 Curlew | 535-0090 |
| **Administrator** | **City** | **ZIP Code** |
| Mark Stephenson | Ammon | 83405 |
| **Survey Team Leader** | **Survey Type** | **Survey Date** |
| Eric Munsell | ECS | 10/25/11 |

## NON-CORE ISSUES

| ITEM # | RULE # 16.03.22 | DESCRIPTION | DATE RESOLVED | L & C USE |
|---|---|---|---|---|
| 1 | 405.03 | Medical Gases: The liquid oxygen transfilling room was not equipped with a self-closing door. | 10/26/11 | EM |
| 2 | 402 | Fire & Life Safety: The automatic fire sprinkler system is overdue for the 5-year inspection. | 10/26/11 | EM |
| 3 | 415.01 | Escutcheon plate is missing on sprinkler head in mechanical room. | 10/26/11 | EM |
| | | per faxes & email | | |

| Response Required Date | Signature of Facility Representative | Date Signed |
|---|---|---|
| November 25, 2011 | X [signature] | 10/25/11 |