



C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF  

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HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
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December 19, 2012

Melinda Widgren, Administrator  
Aspen Springs Assisted Living  
PO Box 1508  
Spirit Lake, ID 83869

Dear Ms. Widgren:

On December 12, 2012, a Fire Life Safety Survey was conducted at Aspen Springs 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.

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", followed by a long horizontal line extending to the right.

MARK P. GRIMES, Supervisor  
Facility Fire Safety & Construction Program

MPG/nm  
Enclosure

Bureau of Facility Standards

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>13R906                               | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - ENTIRE BUILDING<br>B. WING _____                                 | (X3) DATE SURVEY COMPLETED<br><br>12/12/2012 |
|---|---|--|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>ASPEN SPRINGS ASSISTED LIVING |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3254 SPIRIT LAKE CUTOFF ROAD<br>SPIRIT LAKE, ID 83869 |   |  |
| (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 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 December 12, 2012.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley<br/>Health Facility Surveyor<br/>Facility Fire Safety &amp; Construction</p> | R 000  |   |  |

Bureau of Facility Standards

TITLE

(X6) DATE

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