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

January 24, 2013

Vickie McCuistion, Administrator
Annabelle House, Assisted Living Concepts, Inc.
917 East Ustick Road
Caldwell, ID 83605

License #: RC-576

Dear Ms. McCuistion:

On December 20, 2012, a Fire Life Safety Survey was conducted at Annabelle House, Assisted Living Concepts, Inc. 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 plan of correction and evidence of resolution.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

Tom Mroz
Health Facility Surveyor
Facility Fire Safety & Construction Program

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

COPY

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January 2, 2013

Vickie McCuistion, Administrator
Annabelle House, Assisted Living Concepts, Inc
917 East Ustick Road
Caldwell, ID 83605

Dear Ms. McCuistion:

On December 20, 2012, a Fire Life Safety Survey was conducted at Annabelle House, Assisted Living Concepts, Inc. 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 January 19, 2013.

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/nw
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R576	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/20/2012
NAME OF PROVIDER OR SUPPLIER ANNABELLE HOUSE, ASSISTED LIVING CONC	STREET ADDRESS, CITY, STATE, ZIP CODE 917 EAST USTICK ROAD CALDWELL, ID 83605		

(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 December 20, 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

BUREAU OF FACILITY STANDARDS
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
ANNABELLE HOUSE	917 EAST USTICK	208-455-2324
Administrator	**City**	**ZIP Code**
VICKEY McCUISTION	CALDWELL ID	83605
Survey Team Leader	**Survey Type**	**Survey Date**
TOM MROZ	FIRE LIFE SAFETY	12-20-12

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	405	FURNACE ROOM OFF OF KITCHEN - OPEN WALL PENETRATION BEHIND WATER HEATER	1-7-13	TM
2	405.05(A)	THE FACILITY DID NOT ENSURE THAT PORTABLE HEATING DEVICES WERE NOT BEING UTILIZED. (FACILITY REMOVED HEATER PRIOR TO EXITING)	1-17-13	TM

Response Required Date	Signature of Facility Representative	Date Signed
1-20-13	[signature]	12/20/12