



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](mailto:fsb@dhw.idaho.gov)

May 8, 2013

Dawn Brotherson, Administrator  
Apple Valley Residential Care  
715 North Butte Avenue  
Emmett, ID 83617

License #: RC-445

Dear Ms. Brotherson:

On April 10, 2013, a Fire Life Safety Survey was conducted at Apple Valley Residential Care. 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 me at (208) 334-6626.

Sincerely,

Taylor Barkley  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/nm

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



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April 16, 2013

Dawn Brotherson, Administrator  
Apple Valley Residential Care  
715 North Butte Avenue  
Emmett, ID 83617

Dear Ms. Brotherson:

On April 10, 2013, a Fire Life Safety Survey was conducted at Apple Valley Residential Care. 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 May 10, 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/nm  
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R445	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  04/10/2013
NAME OF PROVIDER OR SUPPLIER  APPLE VALLEY RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 715 NORTH BUTTE AVENUE EMMETT, ID 83617		
(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 April 10, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <b>Apple Valley Residential Care</b>	Physical Address <b>715 N Butte Ave</b>	Phone Number <b>208-365-1497</b>
Administrator <b>Dawn Brotherson</b>	City <b>Emmett, ID</b>	ZIP Code <b>83617</b>
Survey Team Leader <b>Taylor Barkley</b>	Survey Type	Survey Date <b>4-10-13</b>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	404.01	The Kitchen hood is not being inspected and or cleaned on a bi-ANNUAL basis.	4-16-13	TB
		Facility will continue to have kitchen hood inspected and/or cleaned on a semi-annual basis.		
		2 <sup>nd</sup> inspection completed on 4/16/2013 copy of inspection with this response.		
		<i>Dawn Brotherson</i>		
		<b>RECEIVED</b>		
		APR 26 2013		
		FACILITY STANDARDS		

Response Required Date <b>5-10-13</b>	Signature of Facility Representative <i>Dawn Brotherson</i>	Date Signed <b>4/10/13</b>
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