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

May 8, 2013

Jean Betzold, Administrator
Emmett Serenity Retirement & Assisted Living
1013 South Johns Avenue
Emmett, ID 83617

License #: RC-822

Dear Ms. Betzold:

On April 11, 2013, a Fire Life Safety Survey was conducted at Emmett Serenity Retirement & Assisted Living - Emmett Serenity Living. 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

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 22, 2013

Jean Betzold, Administrator
Emmett Serenity Retirement & Assisted Living
1013 South Johns Avenue
Emmett, ID 83617

Dear Ms. Betzold:

On April 11, 2013, a Fire Life Safety Survey was conducted at Emmett Serenity Retirement & Assisted Living - Emmett Serenity 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.

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 11, 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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: **01 - BUILDING 1** B. WING _____	(X3) DATE SURVEY COMPLETED
	13R822		**04/11/2013**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMMETT SERENITY RETIREMENT & ASSISTEI	**1013 SOUTH JOHNS 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	Initial Comments 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 11, 2013. The surveyor conducting the survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction	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 – K
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
Emmett Serenity Retirement	1013 South Johns	208-365-1122
Administrator	**City**	**ZIP Code**
Jean Betzold	Emmett, Id	83617
Survey Team Leader	**Survey Type**	**Survey Date**
Taylor Barkley		4-11-13

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.01	There is an extension cord powering a fan in the ceiling of the boiler room.	4-23-13	TB
2.	404.01	The kitchen hood fire suppression system is not being inspected on a bi-annual basis.	3-4-13	TB
3	750.06	The facility does not have a documented five year sprinkler system inspection.	4-24-13	TB
4	404.01	The sprinkler system was not inspected during the 2nd quarter of the previous twelve months.	4-24-13	TB
		This is a repeat citation that was previously cited on January 21, 2011.		

Response Required Date	Signature of Facility Representative	Date Signed
5-11-13	Jean Betzold	4/11/13