



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)

June 20, 2013

Janette Bower, Administrator  
Alpine Meadows Assisted Living, LLC  
1695 S Locust Grove Rd  
Meridian, ID 83642

License #: Rc-988

Dear Ms. Bower:

On May 8, 2013, a Fire Life Safety Survey was conducted at Alpine Meadows Assisted Living, LLC. 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 Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

Taylor Barkley *For*  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/lg

COPY



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May 22, 2013

Janette Bower, Administrator  
Alpine Meadows Assisted Living, LLC  
1695 South Locust Grove Road  
Meridian, ID 83642

Dear Ms. Bower:

On May 8, 2013, a Fire Life Safety Survey was conducted at Alpine Meadows Assisted Living, 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 June 8, 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:  13R988	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  05/08/2013
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NAME OF PROVIDER OR SUPPLIER  ALPINE MEADOWS ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1695 S LOCUST GROVE RD MERIDIAN, ID 83642
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(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
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R 000	<p><b>Initial Comments</b></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 May 8, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	R 000		
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Bureau of Facility Standards

TITLE

(X8) DATE

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



Facility Name <i>Alpine Meadows</i>	Physical Address <i>1695 S. Locust Grove</i>	Phone Number <i>208-888-0090</i>
Administrator <i>Janette Bower</i>	City <i>Meridian Id</i>	ZIP Code <i>83642</i>
Survey Team Leader <i>Taylor Barkley</i>	Survey Type	Survey Date <i>5-8-13</i>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	410.02	The facility did not conduct one drill per shift per Quarter	5-23-13	TB
2	402	The kitchen hood fire suppression system was not serviced on a bi-annual basis.	5-13-13	TB
3	402	The kitchen hood was not inspected / cleaned on a bi-annual basis.	5-13-13	TB
4	402	The facility is not conducting quarterly fire sprinkler system inspections.	6-4-13	TB
5	402	The facility does not have a documented smoke detector sensitivity test.	5-30-13	TB
6	402	The facility is not testing the emergency lighting units for 30 seconds a month or 90 minutes once annually.	5-22-13	TB
7	402	The doors to the formal dining room, both laundry rooms, both med rooms and the salon are being held open with drop down door stops.	6-6-13	TB

Response Required Date <i>6-8-13</i>	Signature of Facility Representative <i>Jan Bower RAL Administrator</i>	Date Signed <i>6/8/13</i>
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