



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

June 27, 2013

Richard Drake, Administrator
Heritage Assisted Living of Twin Falls
622 Filer Avenue West
Twin Falls, ID 83301

License #: RC-982

Dear Mr. Drake:

On May 21, 2013, a Fire Life Safety Survey was conducted at Heritage Assisted Living of Twin Falls - Heritage Assisted Living, 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 evidence of resolution.

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

Sincerely,

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/nm



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May 29, 2013

CERTIFIED MAIL #: 7012 1010 0002 0836 1420

Gayle Rees, Administrator
Heritage Assisted Living of Twin Falls
622 Filer Avenue West
Twin Falls, ID 83301

Dear Ms. Rees:

Based on the Life Safety Code state Licensure survey conducted by our staff at Heritage Assisted Living of Twin Falls - Heritage Assisted Living, Inc. on **May 21, 2013**, we have determined that the facility failed to protect residents from inadequate care by not ensuring that residents were living in a safe environment.

This core issue deficiency substantially limits the capacity of Heritage Assisted Living of Twin Falls - Heritage Assisted Living, Inc. to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **June 11, 2013**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?

Gayle Rees, Administrator
May 29, 2013
Page 2 of 2

- How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **June 11, 2013**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to Mark Grimes, Supervisor, Facility Fire Safety & Construction Program, for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**June 11, 2013**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **June 11, 2013**, your request will not be granted.

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 proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **June 21, 2013**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Heritage Assisted Living Of Twin Falls - Heritage Assisted Living, Inc..

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,



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

MPG/nm
Enclosure



A family heritage of serving our seniors since 1960

RECEIVED

JUN 12 2013

DIV OF LIC & CERT

6-10-2013

Dear Mr. Grimes.

In response to your request for information regarding our core deficiency cited on May 21, 2013:

- What corrective actions will be accomplished...
The necessary repair to the generator has been completed. Proper logging of weekly testing of the generator is being recorded.
- How will you identify other areas that may be affected by the same practices and what corrective actions will be taken?
Administration and staff will keep monitoring for poor record keeping in any area of the community. Re-education of any faulty practice followed by disciplinary action if necessary will be taken.
- What measures will be put into place to ensure that these practices don't recur?
Maintenance staff has been informed of the necessity of this record keeping. Administration will be shown monthly reports of this being done.
- How will corrective actions be monitored ...
By keeping an accurate record of weekly and monthly inspections.
- What date will the corrective actions be completed by?
They were completed on or before May 31st.

Sincerely,

A handwritten signature in cursive script that reads "Richard Drake".

Richard Drake
Owner/Administrator
(208) 733-9064

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R982	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2013
NAME OF PROVIDER OR SUPPLIER HERITAGE ASSISTED LIVING OF TWIN FALLS		STREET ADDRESS, CITY, STATE, ZIP CODE 622 FILER AVE W TWIN FALLS, ID 83301		
(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 following deficiency was cited during the annual Life Safety Code Survey conducted on May 21, 2013 at your residential care/assisted living facility. The facility was surveyed in accordance with IDAPA 16.03.22 - Residential Care or Assisted Living Facilities in Idaho. The surveyor conducting the survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction Program	R 000		
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based on record review, interview, operational testing and observation, it was determined that the facility failed to protect residents from inadequate care by not ensuring that residents were living in a safe environment. This deficiency can prevent prompt and safe evacuation of the facility in the event of an emergency with a loss of the municipal electrical supply to the facility. The facility had a census of fifty seven residents during the survey. This deficiency affected all residents, staff, and visitors on the day of the survey. Findings include: During record review on May 21, 2013 at 9:05 AM, it was revealed that the facility was unable to	R 008		

Bureau of Facility Standards

TITLE

(X6) DATE

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R982	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2013
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R 008	<p>Continued From page 1</p> <p>provide documented emergency generator load tests or weekly inspections for the previous twelve month period. When questioned about the lack of documented emergency generator load tests and weekly inspections the Maintenance Supervisor stated that the generator had become inoperable approximately one month prior to the day of the survey and that he did not document emergency generator inspections or load tests. Further interview revealed that the Maintenance Supervisor had not contacted or followed up with a service company or technician to repair the emergency generator.</p> <p>During interview with the Administrator at 9:35 AM, the Administrator stated that she was unaware that the emergency generator was not functioning.</p> <p>Observation of operational testing of the emergency generator transfer switch by the Maintenance Supervisor at 9:56 AM revealed that the emergency generator engine would not start or turn over when the transfer switch was activated.</p> <p>During a tour of the facility between the hours of 10:00 AM and 11:00 AM, observation of the facility revealed that the facility was equipped with one battery backup emergency lighting unit that was located in the Garden Room. One flashlight was located at the front desk and two were located in the kitchen. During interview with the Maintenance Supervisor, he stated that the facility's emergency lighting system was powered by the emergency generator. During interview with the Administrator at 11:00 AM she stated that resident care staff members did not have access to any of the three flashlights located in the kitchen or the front desk.</p>	R 008		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R982	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2013
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R 008	Continued From page 2 Actual NFPA Standard: 19.2.8 Illumination of Means of Egress. Means of egress shall be illuminated in accordance with Section 7.8. 7.8.1 General. 7.8.1.1* Illumination of means of egress shall be provided in accordance with Section 7.8 for every building and structure where required in Chapters 11 through 42. For the purposes of this requirement, exit access shall include only designated stairs, aisles, corridors, ramps, escalators, and passageways leading to an exit. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways, and exit passageways leading to a public way. 7.8.2.1* Illumination of means of egress shall be from a source considered reliable by the authority having jurisdiction. 7.8.2.2 Battery-operated electric lights and other types of portable lamps or lanterns shall not be used for primary illumination of means of egress. Battery-operated electric lights shall be permitted to be used as an emergency source to the extent permitted under Section 7.9.	R 008		



Facility Name Heritage Assisted Living	Physical Address 622 Filer Ave W	Phone Number 208-733-9096
Administrator Gayle Rees	City Twin Falls	ZIP Code 83301
Survey Team Leader Taylor Barkley	Survey Type 1 of 2	Survey Date 5-21-13

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	404.01	The facility is not load testing or conducting weekly inspections on the emergency Generator.	5/31/13	7B
2	404.01	The door to the electrical / riser room is not self closing and there are multiple penetrations in the ceiling around the electrical conduit piping.	6/19/13	7B
3	404.01	The six year maintenance on the kitchen hood fire suppression system is overdue.	6/24/13	7B
4	404.01	The Air compressor for the Dry Automatic fire sprinkler system is plugged into an outlet.	6/19/13	7B
5	405.01	There is an extension cord powering a microwave and a bread toaster that is plugged into a relocatable power tap in the Activity Lounge.	6-19-13	7B

Response Required Date 6-21-13	Signature of Facility Representative Val Beling	Date Signed 5/21/13
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Facility Name Heritage Assisted Living	Physical Address 622 Filer Ave W	Phone Number 208-733-9096
Administrator Gayle Rees	City Twin Falls	ZIP Code 83301
Survey Team Leader Taylor Barkley	Survey Type 2 of 2	Survey Date 5-21-13

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
6	405.01	There is an extension cord powering a radio in the kitchen.	6/19/13	TB
7	405.05	The smoke wall in the attic above the activities office has an opening in it that is approximately one foot by two foot in size.	6/19/13	TB
8	405.05	The smoke wall in the attic above room 61 has an opening in it that is approximately four feet by five feet in size.	6/19/13	TB

Response Required Date 6-21-13	Signature of Facility Representative Val Barkley	Date Signed 5/21/13 VB
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