



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 22, 2014

Anthonia Butikofer, Administrator
Eagle Rock Assisted Living
1964 Ririe Circle
Idaho Falls, ID 83404

License #: RC-1028

Dear Ms. Butikofer:

On May 1, 2014, a Fire Life Safety Survey was conducted at Eagle Rock Assisted 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 Dan Holbrook, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

DAN HOLBROOK
Health Facility Surveyor
Facility Fire Safety & Construction Program

DH/lj



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May 9, 2014

Anthonia Butikofer, Administrator
Eagle Rock Assisted Living
1964 Ririe Circle
Idaho Falls, ID 83404

Dear Ms. Butikofer:

On May 1, 2014, a Fire Life Safety Survey was conducted at Eagle Rock Assisted 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 June 2, 2014.

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/lj
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2014
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NAME OF PROVIDER OR SUPPLIER EAGLE ROCK ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 755 + 757 LOMAX IDAHO FALLS, ID 83401
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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>Initial Comments</p> <p>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 April 30, 2014.</p> <p>The surveyor conducting the survey was:</p> <p>Dan Holbrook Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	R 000		
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Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Facility Name <i>Eagle Rock</i>	Physical Address <i>755 Lomax</i>	Phone Number <i>(208) 552-2860</i>
Administrator <i>Anthonia Butikerfer</i>	City <i>Idaho Falls</i>	ZIP Code <i>83401</i>
Survey Team Leader <i>Dan Holbrook</i>	Survey Type <i>Fire Life Survey</i>	Survey Date <i>5/1/2014</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1.	405.01	Garage Refrigerator & Freezer were plugged into a relocatable power tap refer to WL 1363	
2.	405.05	Handrail in Hall Behind The Kitchen Is Loose	
3	410.03	Facility Failed To Report Fire In Resident Room On 5/19/13	
4	410.02	No Documentation Of Fire Drills For 3 rd Quarter, 2 nd Shift 4 th Quarter, 1 st Shift	

Response Required Date

6/1/2014

Signature of Facility Representative

A Butikerfer

