



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 30, 2014

Melissa Truesdell, Administrator
Parma Living Center, Inc.
401 North 8th Street
Parma, ID 83660

License #: RC-968

Dear Ms. Truesdell:

On May 28, 2014, a Fire Life Safety Survey was conducted at Parma Living Center, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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



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 4, 2014

Melissa Truesdell, Administrator
Parma Living Center, Inc
401 North 8th Street
Parma, ID 83660

Dear Ms. Truesdell:

On May 28, 2014, a Fire Life Safety Survey was conducted at Parma Living Center, Inc. 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 27, 2014.

Please note that the punchlist has been revised since the exit conference. Enclosed please find the revised punchlist.

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R968	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARMA LIVING CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 401 NORTH 8TH STREET PARMA, ID 83660
---	--

(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 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 May 28, 2014.</p> <p>The surveyor conducting the survey was:</p> <p>Dan Holbrook Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------



Facility Name <i>Parma Living Center</i>	Physical Address <i>401 N. 9th St</i>	Phone Number <i>722-5496</i>
Administrator <i>Melissa Truesdell</i>	City <i>Parma</i>	ZIP Code <i>83676</i>
Survey Team Leader <i>Dan Holbrook</i>	Survey Type <i>FLS</i>	Survey Date <i>5/28/2014</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
<i>1.</i>	<i>415.04</i>	<i>Smoke Detection System Sensitivity Testing Not Documented since 2011.</i>	<i>6/19/14</i>
<i>2.</i>	<i>415.04.b</i>	<i>Smoke Detectors Tested Monthly - Not Documented</i>	<i>6/19/14</i>
<i>3.</i>	<i>415.05</i>	<i>5 year Fire Sprinkler Inspection Is Not Documented</i>	<i>Not Cited However we completed a 5 yr on 6/15/14 MT</i>

RECEIVED
JUN 27 2014
DIV OF LIC & CERT

Response Required Date <i>6/30/2014</i>	Signature of Facility Representative <i>Melissa Truesdell</i>
--	--