



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 25, 2013

Jodi Thomas, Administrator
Quail Ridge Assisted Living
797 Hospital Way
Pocatello, ID 83201

License #: RC-502

Dear Ms. Thomas:

On June 5, 2013, a Fire Life Safety Survey was conducted at Quail Ridge 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 at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/nm



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June 11, 2013

Jodi Thomas, Administrator
Quail Ridge Assisted Living
797 Hospital Way
Pocatello, ID 83201

Dear Ms. Thomas:

On June 5, 2013, a Fire Life Safety Survey was conducted at Quail Ridge 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 July 5, 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/lg
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2013
NAME OF PROVIDER OR SUPPLIER QUAIL RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 797 HOSPITAL WAY POCATELLO, ID 83201		
(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 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 June 5, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Quail Ridge	Physical Address 797 Hospital Way	Phone Number 208-233-8875
Administrator Jodi Thomas	City Pocatello Id	ZIP Code 83201
Survey Team Leader Taylor Barkley	Survey Type 1 of 2	Survey Date 6-5-13

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	404.01	The facility does not have a documented five year sprinkler system obstruction investigation.	6-6-13	TB
2	415.02	The last documented fuel fired heating inspection was on November 7, 2011.	6-11-13	TB
3	405.05	The corridor exit door by room 203 has a double keyed doorknob.	6-13-13	TB
4	405.05	The stairwell door by room 206 does not latch.	6-13-13	TB
5	404.01	The generator room does not have any emergency lighting installed.	6-13-13	TB
6	405.05	The fire department connection has been taped over.	6-7-13	TB
7	405.05	The double doors to the assembly room do not close and latch.	6-12-13	TB

Response Required Date 7-5-13	Signature of Facility Representative 	Date Signed 6/5/13
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Facility Name Quail Ridge	Physical Address 797 Hospital Way	Phone Number 208-233-8875
Administrator Jodi Thomas	City Pocatello Id	ZIP Code 83201
Survey Team Leader Taylor Barkley	Survey Type 1 of 2	Survey Date 6-5-13

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	404.01	The facility does not have a documented five year sprinkler system obstruction investigation.	6-6-13	7B
2	415.02	The last documented fuel fired heating inspection was on November 7, 2011.	6-11-13	7B
3	405.05	The corridor exit door by room 203 has a double keyed doorknob.	6-13-13	7B
4	405.05	The stairwell door by room 206 does not latch.	6-13-13	7B
5	404.01	The generator room does not have any emergency lighting installed.	6-13-13	7B
6	405.05	The fire department connection has been taped over.	6-7-13	7B
7	405.05	The double doors to the assembly room do not close and latch.	6-12-13	7B

Response Required Date 7-5-13	Signature of Facility Representative 	Date Signed 6/5/13
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Facility Name Quail Ridge	Physical Address 797 Hospital Way	Phone Number 208-233-8875
Administrator Jodi Thomas	City Pocatello ID	ZIP Code 83201
Survey Team Leader Taylor Barkley	Survey Type 2 of 2	Survey Date 6-5-13

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
8	410.02	The facility did not conduct one drill per shift per quarter.	6-14-13	7B
9	404.01	The facility is not load testing the generator on a monthly basis or conducting weekly inspections.	6-13-13	7B
10	415.04	The facility is not inspecting or testing the fire alarm on a monthly basis.	6-14-13	7B
		Items # 8, 9 and 10 are repeat deficiencies that were previously cited on August 11, 2010.		

Response Required Date 7-5-13	Signature of Facility Representative <i>J. Thomas</i>	Date Signed 6/5/13
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