



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

July 24, 2013

Debi Moore, Administrator
Autumn Cove Assisted Living, LLC
652 S Main Street
Star, ID 83669

License #: RC-994

Dear Ms. Moore:

On June 18, 2013, a Fire Life Safety Survey was conducted at Autumn Cove 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 evidence of resolution.

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

Sincerely,

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/nm



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June 27, 2013

Debi Moore, Administrator
Autumn Cove Assisted Living, LLC
652 South Main Street
Star, ID 83669

Dear Ms. Moore:

On June 18, 2013, a Fire Life Safety Survey was conducted at Autumn Cove 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 July 19, 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: 13R994	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2013
NAME OF PROVIDER OR SUPPLIER AUTUMN COVE ASSISTED LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 652 S MAIN ST STAR, ID 83669		
(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 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 18, 2013. The surveyor conducting the survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <i>Autumn Cove</i>	Physical Address <i>652 S. MAIN</i>	Phone Number <i>208-286-7095</i>
Administrator <i>Debi Moore</i>	City <i>STAR ID</i>	ZIP Code <i>83669</i>
Survey Team Leader <i>Taylor Barkley</i>	Survey Type	Survey Date <i>6-18-13</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	410.01	The facility does not have a written agreement for relocation.	7-15-13	TB
2	415.04 750.05	The facility is not documenting monthly inspections or tests of the fire alarm system.	7-18-13	TB
3	410.02 750.01	The facility does not have any documented fire drills for the previous twelve month period.	7-18-13	TB
4	415.02 750.03	The facility does not have a documented annual fuel fired heating inspection.	6-25-13	TB
		Item #2 is a repeat deficiency previously cited on 1-6-12.		

Response Required Date <i>7-18-13</i>	Signature of Facility Representative <i>Debi Moore</i>	Date Signed <i>6-18-13</i>
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