



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

August 28, 2013

Larue Gunter, Administrator
Crystal Springs Living Center
8284 South Crystal Springs Road
McCammon, ID 83250

License #: RC-510

Dear Ms. Gunter:

On July 22, 2013, a Fire Life Safety Survey was conducted at Crystal Springs Living Center. 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 call me at (208) 334-6626.

Sincerely,

TOM MROZ
Health Facility Surveyor
Facility Fire Safety & Construction Program

TM/nm



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July 30, 2013

Larue Gunter, Administrator
Crystal Springs Living Center
8284 South Crystal Springs Road
McCammom, ID 83250

Dear Ms. Gunter:

On July 22, 2013, a Life Safety Code state Licensure survey was conducted at Crystal Springs Living Center.

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 and one was identified as a repeat punch. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than August 22, 2013.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to Licensing and Certification
- d. Civil monetary penalties

Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626.

Sincerely,

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

MG/nm
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R510	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDINGQ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2013
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NAME OF PROVIDER OR SUPPLIER CRYSTAL SPRINGS LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8284 SOUTH CRYSTAL SPRINGS ROAD MC CAMMON, ID 83250
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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 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 July 22, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Facility Fire Safety & Construction</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>CRYSTAL SPRINGS LIVING CENTER</i>	Physical Address <i>8284 S CRYSTAL ROAD</i>	Phone Number <i>208-254-9279</i>
Administrator <i>LARVE GUNTER</i>	City <i>McCANNON</i>	ZIP Code <i>83250</i>
Survey Team Leader <i>TOM MOGZ</i>	Survey Type	Survey Date <i>7-22-13</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	16.03.22 <i>405.08</i>	<i>THE 2 FIRE EXTINGUISHERS INSTALLED ARE COVERED IN DUST AND DO NOT HAVE INSPECTION TAGS</i>	<i>8-2-13</i>	<i>TSM</i>
2	750.04 <i>(9740.05)</i>	<i>THE ADMINISTRATOR DID NOT MAINTAIN RECORDS OF MONTHLY EXAMINATION & PORTABLE FIRE EXTINGUISHERS DOCUMENTING THE INITIALS OF THE PERSON MAKING THE INSPECTION AND THE DATE OF THE EXAMINATION</i>	<i>8-2-13</i>	<i>TSM</i>
3	<i>410.02</i>	<i>THE FACILITY DID NOT CONDUCT ONE DRILL PER SHIFT PER QUARTER, WHEN ASKED THE FACILITY WAS UNABLE TO PROVIDE DOCUMENTED FIRE DRILLS FOR THE 1ST & 2ND QUARTERS 2013.</i>	<i>8-22-13</i>	<i>TSM</i>
4	<i>750.01</i>	<i>THE ADMINISTRATOR FAILED TO MAINTAIN FIRE DRILL DOCUMENTATION</i>	<i>8-22-13</i>	<i>TSM</i>

Response Required Date <i>8-22-13</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed
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