



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

September 9, 2013

Cecilia Wilkerson, Administrator
Post Falls Ops LLC Dba: Guardian Angel Homes
1050 East Mullan
Post Falls, ID 83854

License #: RC-643

Dear Ms. Wilkerson:

On August 1, 2013, a Fire Life Safety Survey was conducted at Post Falls Ops Llc, Dba-Guardian Angel Homes. 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 Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj



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August 14, 2013

Cecilia Wilkerson, Administrator
Post Falls Ops LLC dba Guardian Angel Homes
1050 East Mullan
Post Falls, ID 83854

Dear Ms. Wilkerson:

On August 1, 2013, a Fire Life Safety Survey was conducted at Post Falls Ops LLC, DbA Guardian Angel Homes. 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 August 30, 2013.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Grimes', with a long horizontal line extending to the right.

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: 13R643	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 08/01/2013
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NAME OF PROVIDER OR SUPPLIER POST FALLS OPS LLC, DBA-GUARDIAN ANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 EAST MULLAN AVENUE POST FALLS, ID 83854
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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 August 01, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley 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 _____



Facility Name Guardian ANGEL Homes	Physical Address 1070 East Mullan Ave	Phone Number 208-777-7797
Administrator Cecilia Owsley	City Post Falls, Id	ZIP Code 83854
Survey Team Leader Taylor Barkley	Survey Type 1 of 2	Survey Date 8-1-13

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	402	The facility is not conducting weekly Generator inspections on the INN.	8-14-13	7B
2	402	The facility is not conducting quarterly sprinkler system inspections on the INN.	8-12-13	7B
3	402	The Kitchen entry door, pantry entry door and the pantry exit doors are equipped with double sided keyed deadbolts, in the INN.	8-2-13	7B
4	402	The medical records room door in the INN is not self closing.	8-5-13	7B
5	405.05	There is an opening approximately 3 inches by 6 inches in size in the ceiling of the mechanical room in the Timber House.	8-2-13	7B
6	405.01	There is a microwave plugged into a relocatable power tap in the riser room in the Craftsman House.	8-2-13	7B

Response Required Date 9-1-13	Signature of Facility Representative <i>Taylor Barkley</i>	Date Signed 8/1/13
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Facility Name Guardian Angel Homes	Physical Address 1070 East Mullan Ave	Phone Number 208-777-7797
Administrator Cecilia Owsley	City Post Falls, Id	ZIP Code 83854
Survey Team Leader Taylor Barkley	Survey Type 2 of 2	Survey Date 8-1-13

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
7	405.05	There are eight one inch holes, one ten inch hole and a three by eight inch hole in the ceiling of the mechanical room in the Craftsman house.	8-2-13	TB
8	415.02	The fuel fired heating devices in Tudor, Timber, Cottage and Craftsman have not been annually inspected.	8-12-13	TB
9	402	The facility does not have a documented smoke detector sensitivity test for the Inn.	8-27-13	TB
10	402	The kitchen hood has not been cleaned or inspected on a bi annual basis, in the Inn.	8-6-13	TB
11	402	The last kitchen hood suppression system inspection was on November 16, 2012.	8-6-13	TB
12	402	The Inn does not have a documented 5 year sprinkler system inspection.	8-27-13	TB

Response Required Date 9-1-13	Signature of Facility Representative <i>Cecilia Owsley</i>	Date Signed 8/1/13
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