



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 26, 2014

Jill Williams, Administrator
Rigby Country Living
4202 East 300 North
Rigby, ID 83442

License #: RC-914

Dear Ms. Williams:

On August 6, 2014, a Fire Life Safety Survey was conducted at Rigby Country Living-Rural Assisted Living Facilities, 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 Sam Burbank, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

SAM BURBANK
Health Facility Surveyor
Facility Fire Safety & Construction Program

SB/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@dfw.idaho.gov

August 18, 2014

Jill Williams, Administrator
Rigby Country Living
4202 East 300 North
Rigby, ID 83442

Dear Ms. Williams:

On August 6, 2014, a Fire Life Safety Survey was conducted at Rigby Country 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 September 5, 2014.

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/lj
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R914	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2014
--------------------------------------------------	------------------------------------------------------------------	--------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER RIGBY COUNTRY LIVING-RURAL ASSISTED LI	STREET ADDRESS, CITY, STATE, ZIP CODE 4202 EAST 300 NORTH RIGBY, ID 83442
----------------------------------------------------------------------------	---------------------------------------------------------------------------------

(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 August 6, 2014.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	R 000		
-------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

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



Facility Name Rosby Country Living	Physical Address 4202 EAST 300 NORTH	Phone Number 208 745 9096
Administrator Jill Williams	City Rosby, ID	ZIP Code 83442
Survey Team Leader Sam Burbank	Survey Type LSC	Survey Date 8/6/14

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	404.01	EXIT GATE LOCKED WITH WIRE & PADLOCK STAFF REMOVED LOCK AND WIRE - NEEDED TO LOCATE KEY	8/6/14 SB
2	405.01	1) ELECTRICAL INSTALLATIONS - BOTH DRIVERS PLUGGED INTO ROTATING POWER TAP	8/6/14 SB
		2) ROTATING POWER TAPS DISY-CONNECTED IN KITCHEN FOR POWERED ACCESSORIES	9/5/14 SB
3	405.05	MAINTENANCE OF STRUCTURE - PENETRATIONS OFFICIALS FROM KITCHEN TO LOCKER RM OPEN & UNSCREENED FROM PLUMBING INSULATION	9/5/14 SB
4	415.01	GENERATOR NOT MAINTAINED, NO RECORD OF TESTING	9/5/14 SB
5	405.05	OUTSIDE PORCHES/EXITS NOT ILLUMINATED WITH (2) SOURCES OF ILLUMINATION ON 3 OF 4 EXITS	9/5/14 SB

Response Required Date

9/6/14

Signature of Facility Representative

Jill Williams