



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

October 3, 2014

Michelle Bingham, Administrator
Meadows Assisted Living Center
16 Airport Road
Salmon, ID 83467

License #: RC-1002

Dear Ms. Bingham:

On August 13, 2014, a Fire Life Safety Survey was conducted at Jmb Services Inc. Dba Meadows Assisted Living Center. 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 Mark Grimes, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

MARK P. GRIMES
Health Facility Surveyor
Facility Fire Safety & Construction Program

MPG/lj



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August 19, 2014

Michelle Bingham, Administrator
Meadows Assisted Living Center
16 Airport Road
Salmon, ID 83467

Dear Ms. Bingham:

On August 13, 2014, a Life Safety Code, state Licensure survey was conducted at Meadows Assisted 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 seventeen (17) non-core issue deficiencies were identified on the punch list and one (1) 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 September 12, 2014.

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 the Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626, option 3.

Sincerely,

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MEADOWS ASSISTED LIVING B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2014
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NAME OF PROVIDER OR SUPPLIER MEADOWS ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 16 AIRPORT ROAD SALMON, ID 83467
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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 fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on August 13, 2014. The surveyor conducting the survey was:</p> <p>Mark P. Grimes, Supervisor 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 MEADOWS ASSISTED LIVING CENTER	License # RC-1002	Physical Address 16 Airport Road	Phone Number (208) 756-1043
Administrator Michelle Bingham	City Salmon	ZIP Code 83467	Survey Date August 13, 2014
Survey Team Leader Mark Grimes	Survey Type Fire Life Safety	RECEIVED	
Administrator Signature <i>Michelle Bingham</i>	Date Signed 8/13/14	OCT - 2 2014	

NON-CORE ISSUES

FACILITY STANDARDS

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	250.04	Facility conducted remodeling without prior approval.	10/2/14	
2	403.03	LSC sprinkler systems. Ordinary Sprinkler head installed in Room #1 Bathroom, Needs to be Quick Response, <i>Delayed</i>		
3	403.03	LSC sprinkler systems. Annual report indicates 42% Propylene Glycol. Needs to be relaced with factory mix < 40% <i>Delayed UNDER 11-12-14</i>		
4	403.03	LSC Fire Alarm System. System in trouble mode, not clearable, tested for function, mags reset on Silence instead of reset	9-10-14	
5	403.03	K type extinguisher needs use placard.	10-2-14	
6	403.03	Kitchen Hood system, being tested annually, is required every six months.	8-13-14	
7	405.03	Oxygen cylinder storage not in Racks; Med/activities storage, behind Nurse station, and in room #4	10-2-14	
8	405.01 b.	Extension Cord in Day room, relocatable Power taps in use with resident care equipment, Rooms: #1, #4 #7 #9 <i>Repeat</i>	10-2-14	
9	405.01.b.	Multiplug adaptors in use in Pantry (COS), rooms # 4 and room #9	10-2-14	
10	405.05.f.	Portable Space heater in Coomon Shower room. Prohibited.	10-2-14	
11	415.02	Fuel Fired equipment not being annually inspected for safety	8-25-14	
12	625.03 e	two of six staff not trained in response to emergencies during orientation	10-2-14	
13	403.03	LSC exit at end of west wing blocked by furniture.	10-2-14	
14	403.03	LSC exterior doors with deadbolt locks in addition to control door knob or handle, escape in a single action to open.	10-2-14	
15		Dining room and Laundry		
16	250.04	Dual action locks in new resident room must be removed. Deadbolt on sleeping room, keyed on Closet, Slide lock on RR	10-2-14	
17	250.04	Remove exit sign in Dining area of new resident room.	10-2-14	
18	250.04	when cabintery is complete provide evidence.		
19				
20				
21				
22				