



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 18, 2013

Jonathan Soderberg, Administrator
Good Samaritan Village, Mickey Assisted Living Center
640 North Eisenhower Street
Moscow, ID 83843

License #: RC-356

Dear Mr. Soderberg:

On August 15, 2013, a Fire Life Safety Survey was conducted at Good Samaritan Village, Mickey Assisted 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 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 21, 2013

Jonathan Soderberg, Administrator
Good Samaritan Village, Mickey Assisted Living Center
640 North Eisenhower Street
Moscow, ID 83843

Dear Mr. Soderberg:

On August 15, 2013, a Fire Life Safety Survey was conducted at Good Samaritan Village, Mickey Assisted Living Center. 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 16, 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

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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R356	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2013
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN VILLAGE, MICKEY ASSIST	STREET ADDRESS, CITY, STATE, ZIP CODE 640 NORTH EISENHOWER STREET MOSCOW, ID 83843
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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 15, 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
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Facility Name <i>Mickey Assisted Living Center</i>	Physical Address <i>640 N Eisenhower</i>	Phone Number <i>208-882-6560</i>
Administrator <i>Jonathan Soderberg</i>	City <i>Moscow</i>	ZIP Code <i>83843</i>
Survey Team Leader <i>Taylor Barkley</i>	Survey Type	Survey Date <i>8/15/13</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.01	There is A multiple Adapter in use in the housekeeping office.	8-19-13	TB
2	405.05	There Are three one inch holes in the smoke wall Above the smoke doors by the 2nd floor nursing office.	8-23-13	TB
3	404.01	There is A drop down door stop on the door to the 3rd floor storage room.	9-9-13	TB
4	404.01	There is A refrigerator being powered by A relocatable power TAP in the 2nd floor nursing office.	8-22-13	TB

Response Required Date <i>9/15/13</i>	Signature of Facility Representative <i>J. Soderberg</i>	Date Signed <i>8/15/13</i>
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