



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: tsb@dhw.idaho.gov

September 19, 2013

Leland Rasmussen, Administrator
Great Oaks Assisted Living
290 N 4064 E
Rigby, ID 83442

License #: RC-1021

Dear Mr. Rasmussen:

On August 29, 2013, a Fire Life Safety Survey was conducted at Great Oaks Assisted Living. 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,

A handwritten signature in black ink, appearing to read "Taylor Barkley". The signature is fluid and cursive, with a large initial "T" and "B".

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj



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September 9, 2013

Leland Rasmussen, Administrator
Great Oaks Assisted Living
290 North 4064 East
Rigby, Idaho 83442

Dear Mr. Rasmussen:

On August 29, 2013, a Fire Life Safety Survey was conducted at Great Oaks Assisted 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 30, 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/lj
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2013
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NAME OF PROVIDER OR SUPPLIER GREAT OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 290 N 4064 E RIGBY, ID 83442
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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 29, 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 GREAT OAKS Assisted Living	Physical Address 290 N 4064 E	Phone Number 208-745-6229
Administrator Leland Rasmussen	City RIGBY, ID	ZIP Code 83442
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 8-29-13

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	403.03	There is a transfer grill in the wall of the office.	9-16-13	TB
2	410.02 750.01	The facility did not conduct one drill per shift per quarter.	8-30-13	TB
3	415.01	The emergency light by the Fire Alarm control panel and by the back door do not work.	8-30-13	TB
4	415.04	The facility is not inspecting or testing the fire alarm system on a monthly basis.	8-30-13	TB

Response Required Date 9-29-13	Signature of Facility Representative 	Date Signed 8-29-13
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