



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](mailto:fsb@dhw.idaho.gov)

September 25, 2013

Duke Rogers, Administrator  
Discovery Care Center  
600 Shanafelt Street  
Salmon, ID 83467

License #: RC-1029

Dear Mr. Rogers:

On August 20, 2013, a Fire Life Safety Survey was conducted at Sawtooth Healthcare, Inc., Dba Discovery Care 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 Tom Mroz, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Mroz", with a long horizontal flourish extending to the right.

TOM MROZ  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TM/lj



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August 29, 2013

Steve Lish, Administrator  
Discovery Care Center  
600 Shanafelt Street  
Salmon, ID 83467

Dear Mr. Lish:

On August 20, 2013, a Fire Life Safety Survey was conducted at Sawtooth Healthcare, Inc., dba Discovery Care 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 20, 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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R1029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - DISCOVERY CARE CENTER ASSSITED LIVING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/20/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DISCOVERY CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 SHANAFELT STREET SALMON, ID 83467</b>
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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>16.03.22 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 20, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	R 000		
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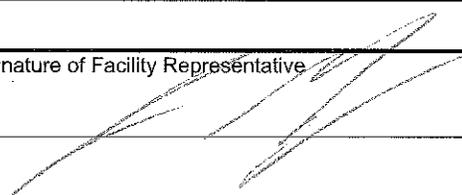
Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_



Facility Name <i>DISCOVERY CARE CENTER AZ</i>	Physical Address <i>600 SHANAFELT ST</i>	Phone Number <i>208-756-8391</i>
Administrator <i>STEVE LISH</i>	City <i>SARMON</i>	ZIP Code <i>83467</i>
Survey Team Leader <i>T. NUROZ</i>	Survey Type <i>FLX</i>	Survey Date <i>8-20-13</i>

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.02	THE FACILITY DID NOT PERFORM AN ANNUAL FIRESPACE INSPECTION.	8-27-13	TJA
2	410.02	THE FACILITY DID NOT PERFORM A MINIMUM OF ONE FIRE DRILL PER SHEET PER QUARTER.	9-4-13	TR
3	415.03	THE FACILITY DID NOT PERFORM MONTHLY FIRE EXTINGUISHER INSPECTIONS.	9-20-13	TR

Response Required Date <i>9-20-13</i>	Signature of Facility Representative 	Date Signed <i>8-20-13</i>
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