



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

November 10, 2014

Ginger Bailey, Administrator
Malad Living Center
PO Box 194
Malad, ID 83252

License #: RC-463

Dear Ms. Bailey:

On September 30, 2014, a Fire Life Safety Survey was conducted at Malad 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 Sam Burbank, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Burbank", written over a horizontal line.

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@dhw.idaho.gov

October 14, 2014

Ginger Bailey, Administrator
Malad Living Center
151 West 200 North
Malad, ID 83252

Dear Ms. Bailey:

On September 30, 2014, a Life Safety Code, state Licensure survey was conducted at Malad 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 two (2) 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 October 30, 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. Thank you for your continued participation in the Idaho Residential Assisted Living Facility (RALF) Program.

Sincerely,

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

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R463	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2014
--	--	--	--

NAME OF PROVIDER OR SUPPLIER MALAD LIVING CENTER/RCF	STREET ADDRESS, CITY, STATE, ZIP CODE 151 WEST 200 NORTH MALAD, ID 83252
---	--

(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 October 1, 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 MALAD LIVING CENTER	Physical Address 151 WEST 200 NORTH	Phone Number 208-766-4724
Administrator GINGHI BAIKI	City MALAD	ZIP Code 83252
Survey Team Leader SAM BURBANK	Survey Type LSC	Survey Date 9/30/14

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.01	1) EXIT LIGHTS (2) IN HALLWAYS - (1) HAS BAD BATTERY; (1) DOES NOT OPERATE ON TEST FOR BATTERY	10-23-14 Replaced	S 10/27/14
		2) EXIT SIGN AT SOUTH/WEST EXIT TOWARD SMOKING AREA DIRECTS DEAD-END TO WALL	10-23-14 Photo Attached	
2	415.01	1) SPRINKLER SYSTEM OVERDUE FOR 5-YEAR INTERVAL	10-29-14	S
		2) MIXED HEADS IN RM 9	10-29-14	S
		3) PAINTED HEADS IN CORRIDORS, RM 9	10-29-14	10/29/14
		4) TEXTURE COVERING HORN AT RISOR # PULL STATION AT RISOR	10-29-14 Invoice attached	

Response Required Date 10/30/14	Signature of Facility Representative Ginghi BaiKI	Date Signed 9/30/14
---	---	-------------------------------