



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) 334-8626
FAX: (208) 364-1868
E-mail: fsb@dhw.idaho.gov

December 2, 2014

Bryon Martin, Administrator
Golden Age Heritage Home
PO Box 47
Preston, ID 83263

License #: RC-467

Dear Mr. Martin:

On October 1, 2014, a Fire Life Safety Survey was conducted at Golden Age Heritage Home. 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,

SAM BURBANK
Health Facility Surveyor
Facility Fire Safety & Construction Program

SB/lj



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October 14, 2014

Bryon Martin, Administrator
Golden Age Heritage Home
155 + 175 East 3rd North
Preston, ID 83263

Dear Mr. Martin:

On October 1, 2014, a Life Safety Code, state Licensure survey was conducted at Golden Age Heritage Home.

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 eleven (11) non-core issue deficiencies were identified on the punch list and two (2) were identified as repeat punches. 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 31, 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: 13R467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN AGE HERITAGE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 155 + 175 EAST 3RD NORTH PRESTON, ID 83263
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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 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		
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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>GOLDEN AGE HOMECARE</i>	Physical Address <i>155 EAST 3RD NORTH</i>	Phone Number <i>208-852-2273</i>
Administrator <i>BRYON MARTIN</i>	City <i>PRESTON</i>	ZIP Code <i>83263</i>
Survey Team Leader <i>SAUL BURBANK</i>	Survey Type <i>FLS</i>	Survey Date <i>10/1/14</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
	<i>16.03.22</i>	<i>BLDG - WEST PARK 1053</i>	
<i>1</i>	<i>405.01</i>	<i>1) BUILDING HAS EXPOSED WIRES AT NEW GENERATOR INSTALLATION IN PROGRESS; OPEN 4" ROUND BOX - EXPOSED WIRES ABOVE KITCHEN PASS - THROUGH OPEN 2X4 BOX AT HVAC CLOSET @ NORTH 12; OPEN FFI - MISSING COVER @ NORTH HALL EXIT; OPEN 2X4 ELECTRICAL IN ATTIC ACCESS AT KITCHEN PANTRY BY WALK-IN REFRIGERATOR; EXPOSED WIRES IN FAN IN PANTRY</i>	
<i>2</i>	<i>405.01.6</i>	<i>2) EXTENSION CORDS 3-1 MULTI IN USE @ GENERATOR PROJECT; (COMMUNICATION) CLOSET ACCESS FROM KITCHEN - NON-GROUNDED 3-1; 3-1 EXTENSION FOR GENERATOR THROUGH WINDOW - REMOVED BY SURVEILOR - 10/1/14 SB 3) MULTI-PLUG ADAPTERS IN USE - (COMMUNICATION) CLOSET 6-2 NON-GROUNDED ADAPTER WEST 14; EXTENSION CORD FOR HVAC OUTSIDE UNIT WEST SIDE; EXTENSION CORD IN USE FOR FAN @ PANTRY</i>	

Response Required Date

11/1/14

Signature of Facility Representative

[Handwritten Signature]



RECEIVED

NOV 10 2014

Facility Name GOLDEN AGE HOMECARE	Physical Address 155 EAST 3RD NORTH	Phone Number 208-852-2273
Administrator BRYON MARTIN	City PRESTON	ZIP Code 83263
Survey Team Leader Sam Burbank	Survey Type FLS	Survey Date 10/1/14

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
	16.03.22	BUILDING WBT PAGE 2 OF 3	
3	405.08	1) K-STYLE FIRE EXTINGUISHERS UNSIGNED	10-15-14
		2) HVAC CLOSET @ LAUNDRY BIFOLDS MISSING HANDLES	10-16-14
		3) MAG LOCK HARDWARE ON LAUNDRY DOOR MISSING MAGNET CONNECTOR	10-16-14
4	250.01	1) PENETRATIONS (4) IN 2-Hour FIRE WALL IN ATTIC ABOVE PANTRY/WALK-IN REFRIGERATOR	10-21-14
		2) PENETRATIONS FROM STORAGE 4"X4" INTO RM NORTH 16	10-21-14
		3) CADET HEATER BLOCKED BY BED IN NORTH 16	10-16-14

Response Required Date

11/1/14

Signature of Facility Representative

[Handwritten Signature]



Facility Name GOLDEN AGE HERITAGE	Physical Address 155 EAST 3RD NORTH	Phone Number 208 852 2273
Administrator BYRON MARTIN	City PRESTON	ZIP Code 83263
Survey Team Leader Sam BURBANK	Survey Type FLS	Survey Date 10/1/14

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
	16.03.22	BLDG WEST PAGE 3 OF 3	
5	405.03	UNSECURED OXYGEN IN NORTH 7 (3) CYLINDERS & WEST 8 (3) CYLINDERS	10/1/14
6	415.01	1) SPRINKLER ESCUTCHEONS DOWN & MISSING - MISSING IN FURNACE CLOSET NORTH 8; CLOSET WEST 14	10-16-14
		2) SPRINKLER BLOCKED IN ACTIVITIES CLOSET BY STORAGE	10-16-14
7	405.05	EMERGENCY LIGHTING @ WEST # 2 DEAD BATTERY	10-21-14
8	415.05	HOOD CLEANING NOT DONE SEMI ANNUALLY	10-31-14

Response Required Date

11/1/14

Signature of Facility Representative