



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 18, 2013

Rod Johnson, Administrator
Highland Estates--Burley Operations
2050 Hiland Avenue
Burley, Idaho 83318

License #: RC-911

Dear Mr. Johnson:

On October 16, 2013, a Fire Life Safety Survey was conducted at Highland Estates-- Burley Operations. 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,

TOM MROZ
Health Facility Surveyor
Facility Fire Safety & Construction Program

TM/lj



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
EMAIL: ralf@dhw.idaho.gov
PHONE: 208-334-6626
FAX: 208-364-1888

October 23, 2013

CERTIFIED MAIL #:

7012 1010 0002 0836 4332

Rod Johnson, Administrator
Highland Estates--Burley Operations, LLC
2050 Hiland Avenue
Burley, ID 83318

Dear Mr. Johnson:

On October 16, 2013, a Life Safety Code survey was conducted by our staff at Highland Estates--Burley Operations, LLC. No core deficiencies were found, as is stated on the enclosed form. This form is for your information only and need not be returned.

Please bear in mind that eight (8) non-core issue deficiencies were identified on the punch list and two (2) were identified as a repeat punches; one (1) was cited during multiple surveys.

As explained during the exit conference, the completed punch list form and accompanying evidence of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than November 16, 2013.

BACKGROUND:

One (1) of the repeat deficiencies (410.02-- failure to perform a minimum of one fire drill per shift per quarter) has been cited on four (4) consecutive surveys, as follows:

- 3/24/10
- 7/11/11
- 9/25/12
- 10/16/13

This deficiency, which has been cited on four consecutive surveys, is a direct violation of the following administrative *Rules for Residential Care or Assisted Living Facilities in Idaho*:

IDAPA 16.03.22.410 REQUIREMENTS FOR EMERGENCY PREPAREDNESS.

02. Fire Drills. All personnel and residents must participate in a minimum of one (1) fire drill per shift per quarter. Fire drills must be unannounced. (3-30-06)

Additional information:

750.FACILITY ADMINISTRATIVE RECORDS FOR FIRE AND LIFE SAFETY.

The administrator must assure that the facility's records for fire and life safety are maintained as described in Subsections 750.01 through 750.06 of these rules. (3-30-06)

01. Fire Drill Documentation. Written documentation of each fire drill, one (1) per shift per quarter, must be maintained on file at the facility and must contain a description of each drill, the date and time of the drill, response of the personnel and residents, problems encountered and recommendations for improvement. (3-30-06)

The following administrative rules for Residential Care or Assisted Living Facilities in Idaho give the Department the authority to impose a monetary penalty for this violation:

IDAPA 925. ENFORCEMENT REMEDY OF CIVIL MONETARY PENALTIES.

01. Civil Monetary Penalties. Civil monetary penalties are based upon one (1) or more deficiencies of noncompliance. Nothing will prevent the Department from imposing this remedy for deficiencies which existed prior to survey or complaint investigation through which they are identified. Actual harm to a resident or residents does not need to be shown. A single act, omission or incident will not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule.

02. Assessment Amount for Civil Monetary Penalty. When civil monetary penalties are imposed, such penalties are assessed for each day the facility is or was out of compliance. The amounts below are multiplied by the total number of occupied licensed beds according to the records of the Department at the time noncompliance is established.

b. Repeat deficiency is ten dollars (\$10). (Initial deficiency is eight dollars (\$8)).

Based on findings that you have repeatedly failed to conduct one fire drill per shift per quarter, the Department is imposing the following penalties for the dates

For the dates of 9/25/12 through 10/16/13 :

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	1	67	386	\$ 258,620

Rod Johnson, Administrator
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Maximum penalties allowed in any ninety-day period per IDAPA 16.03.22.925.02.c:

# of Occupied Beds in Facility	Initial Deficiency	Repeat Deficiency
3-4 Beds	\$1,440	\$2,880
5-50 Beds	\$3,200	\$6,400
51-100 Beds	\$5,400	\$10,800
101-150 Beds	\$8,800	\$17,600
151 or More Beds	\$14,600	\$29,200

Your facility had 67 occupied beds at the time of the survey. Therefore, your maximum penalty is: \$10,800.

Send payment of \$10,800 by check or money order, made payable to:

Licensing and Certification

Mail your payment to:

**Licensing and Certification - RALF
PO Box 83720
Boise, ID 83720-0009**

Payment must be received in full within 30 calendar days from the date this notice is received. Interest accrues on all unpaid penalties at the legal rate of interest for judgments. Failure of a facility to pay the entire penalty, together with any interest, is cause for revocation of the license or the amount may be withheld from Medicaid payments to the facility.

ADMINISTRATIVE REVIEW

Please be advised that you may contest these decisions by filing a written request for administrative review pursuant to IDAPA 16.05.03.300. **no later than twenty-eight (28) days after this notice was mailed.** Any such request should be addressed to:

**Tamara Prisock, Administrator
Division of Licensing and Certification
Department of Health and Welfare
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009**

Rod Johnson, Administrator
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If you fail to file a request for administrative review within the time allowed, this decision shall become final.

FOLLOW-UP SURVEY

An on-site, follow-up survey will be scheduled after the administrator has submitted evidence of resolution. If at the follow-up survey, the non-core issue deficiency still exists, enforcement actions could include:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to Licensing and Certification

Should you have any question, or if we may be of assistance, please call our office at (208)334-6626.

Sincerely,



MARK P. GRIMES
Program Supervisor
Facility Fire Safety & Construction



JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Program

MPG/lj

Enclosure

c: Steve Millward, Division of Licensing and Certification

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R911	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2013
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NAME OF PROVIDER OR SUPPLIER HIGHLAND ESTATES-BURLEY OPERATIONS, I	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 HILAND AVENUE BURLEY, ID 83318
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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
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 October 16, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Facility Fire Safety & Construction</p> <p style="text-align: center;">RECEIVED NOV 13 2013 FACILITY STANDARDS</p>	R 000 410.02 750.01 404.01 750.06	<p>Highland Estates facility administrator has conducted 1 fire drill per shift in October 2013. Fire drill will continue to be conducted 1 per shift per quarter. Staff will be educated to separate actual Alarms from drills o ensure that staff are observed Properly during a drill. Per recommendations from The health department drills are to be conducted as To evaluate the necessity of teaching and training to Staff of policy and procedure and safety of the residents.</p> <p>Documented fire drills have been conducted 1 per shift in October to ensure compliance with health department Regulations. Please see attached fire documented Fire drill documentation. Fire Drills will continue to be Conducted 1 per shift per quarter and be facilitated By the Plant Operations Manager. Executive Director Will monitor compliance with health department Regulation during quarterly Quality Assurance Meetings.</p> <p>Fire sprinkler system was inspected on October 24, 2013 (see attached inspection report). The fire sprinkler System tested without recommendations and found To be in safe working order. The facility Administrator and plant operations manager have Scheduled fire sprinkler inspections to occur Quarterly through licensed state approved inspector.</p> <p>Quarterly fire sprinkler testing has been Scheduled through a licensed, state approved Inspector to ensure compliance with health Department regulations. Executive Director or Designee will monitor for compliance Quarterly through quarterly Quality Assurance Meetings. Documentation of all fire Sprinkler testing will be obtained at time Of inspection.</p>	11/4/2013 11/4/2013 10/24/2013 10/24/2013

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Facility Name <i>HIGHLAND ESTATES</i>	Physical Address <i>2050 HILAND AVE</i>	Phone Number <i>208-678-4411</i>
Administrator <i>ROD JOHNSON</i>	City <i>BURLEY, IDAHO</i>	ZIP Code <i>83318</i>
Survey Team Leader <i>TOM MROZ</i>	Survey Type <i>FIRE LIFE SAFETY PAGE 1 OF 3</i>	Survey Date <i>10-16-13</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
<i>1</i>	<i>410.02</i>	<i>FIRE DRILLS - THE FACILITY DID NOT PERFORM A MINIMUM OF ONE (1) FIRE DRILL PER SHIFT PER QUARTER. WHEN REQUESTED, THE FACILITY WAS UNABLE TO PROVIDE DOCUMENTED FIRE DRILL REPORT(S) FOR THE 1ST SHIFT IN THE FIRST QUARTER, 1ST & 3RD SHIFT IN THE SECOND QUARTER AND THE 2ND SHIFT IN THE THIRD QUARTER OF 2013 (REPEAT CITATION - CITED ON 3-24-10; 7-11-11; 9-25-12)</i>	<i>11-4-13 m</i>
<i>2</i>	<i>750.01</i>	<i>THE FACILITY ADMINISTRATOR FAILED TO MAINTAIN FIRE DRILL DOCUMENTATION. WRITTEN DOCUMENTATION OF EACH FIRE DRILL, ONE (1) PER SHIFT PER QUARTER, MUST BE MAINTAINED ON FILE AT THE FACILITY AND MUST CONTAIN A DESCRIPTION OF EACH DRILL, THE DATE AND TIME OF THE DRILL, RESAINESE OF THE PERSONNEL AND RESIDENTS, PROBLEMS ENCOUNTERED AND RECOMMENDATIONS FOR IMPROVEMENT.</i>	<i>11-4-13 m</i>

Response Required Date

11-16-13

Signature of Facility Representative

[Signature]



Facility Name <i>HIGHLAND ESTATES</i>	Physical Address <i>2050 HILAND AVE</i>	Phone Number <i>208-678-4411</i>
Administrator <i>ROD JOHNSON</i>	City <i>BURLEY ID</i>	ZIP Code <i>83318</i>
Survey Team Leader <i>TOM MROZ</i>	Survey Type <i>FIRE LIFE SAFETY PAGE 2 OF 3</i>	Survey Date <i>10-16-13</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
<i>3</i>	<i>415.01</i>	<i>KITCHEN HOOD INSPECTION REPORT NOTES "NEEDS NEW NOZZLES" - NO RECORD OF NOZZLE REPLACEMENT, INSPECTION REPORT DATED 7-11-13.</i>	<i>10/24/13 TR</i>
<i>4</i>	<i>404.01</i>	<i>THE FIRE SPRINKLER SYSTEM IS NOT BEING INSPECTED ON A QUARTERLY BASIS (REPEAT CITATION - CITED ON 9-25-12)</i>	<i>10/24/13 TR</i>
<i>5</i>	<i>750.06</i>	<i>THE ADMINISTRATOR FAILED TO MAINTAIN QUARTERLY FIRE SPRINKLER INSPECTION REPORTS.</i>	<i>10/24/13 TR</i>
<i>6</i>	<i>405.05</i>	<i>THERE ARE OPEN WALL PENETRATIONS WITH WIRES RUNNING THROUGH THEM IN THE PANTRY & THE BOILER ROOM</i>	<i>10/25/13 TR</i>
<i>7</i>	<i>405.05</i>	<i>TRANSFER GRILL ABOVE THE BOILER ROOM DOOR OPEN TO THE CORRIDOR.</i>	<i>10/25/13 TR</i>

Response Required Date

11-16-13

Signature of Facility Representative

[Signature]

