



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)

January 29, 2014

Rebecca Kohlwey, Administrator  
The Willows-- Blackfoot Operations  
898 South Meridian  
Blackfoot, ID 83221

License #: RC-912

Dear Ms. Kohlwey:

On November 7, 2013, a Fire Life Safety Survey was conducted at The Willows-- Blackfoot 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.

**Please note that the Bureau will require evidence of resolution for Item #7, IDAPA Rule# 16.03.22.404.01 on April 1, 2014.**

Should you have questions, please contact Mark P. Grimes, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark P. Grimes', with a long horizontal flourish extending to the right.

MARK P. GRIMES  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

MPG/lj



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December 11, 2013

Rebecca Kohlwey, Administrator  
The Willows  
898 South Meridian  
Blackfoot, ID 83221

Dear Ms Kohlwey:

In your letter to the Facility Fire Safety & Construction Program dated December 6, 2013, you requested additional time to resolve one of the non-core punch list items cited during the Life Safety Code Survey survey conducted on November 7, 2013. The Facility Fire Safety & Construction Program has considered your request and is granting a 145-day extension for completion of this item. **The new due date for your evidence of resolution for Item #7, IDAPA Rule# 16.03.22.404.01, is April 1, 2014.**

**Until such time as Item #7 has been completed, the facility is required to conduct one (1) fire drill per shift per month.**

**The completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) for the remaining punch list items needs to be submitted to our office no later than December 7, 2013.**

Please call me at (208) 334-6626 if you have questions, or if we can be of further assistance.

Sincerely,

TAYLOR BARKLEY  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/lj



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November 13, 2013

Rebecca Kohlwey, Administrator  
The Willows  
898 South Meridian  
Blackfoot, ID 83221

Dear Ms. Kohlwey:

On November 7, 2013, a Life Safety Code survey was conducted at The Willows. The facility was found to be providing a safe environment and safe, effective care to 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 seven (7) non-core issue deficiencies were identified on the punch list and five (5) 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 December 7, 2013.

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 care assisted living facility (RALF) program.

Sincerely,

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R912</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - ENTIRE BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/07/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WILLOWS, THE-BLACKFOOT OPERATIONS, L</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>898 SOUTH MERIDIAN BLACKFOOT, ID 83221</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
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 November 7, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	R 000		

Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_



Facility Name <i>The Willows</i>	Physical Address <i>898 S. Meridian</i>	Phone Number <i>208-782-1478</i>
Administrator <i>Rebecca Kohlwey</i>	City <i>Blackfoot, Id</i>	ZIP Code <i>83221</i>
Survey Team Leader <i>Taylor Barkley</i>	Survey Type	Survey Date <i>11-7-13</i>

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	404.01	The oxygen trans-filling room is not mechanically ventilated, the door is not self closing and there are two one inch penetrations in the wall.	12-6-13	7B
2	404.01	The emergency lights are not being tested for 30 seconds a month or 90 minutes once annually	11-14-13	7B
3	404.01	The corridor door to the kitchen is not self closing and has a one half inch gap between the top of the door to the door frame.	11-11-13	7B
4	404.01	The facility has not had the kitchen hood and ducts inspected and or cleaned.	12-12-13	M6
5	404.01	The sprinkler system is not being inspected on a quarterly basis.	12-6-13	7B

Response Required Date <i>12-7-13</i>	Signature of Facility Representative <i>Rebecca Kohlwey</i>	Date Signed <i>11-7-13</i>
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