



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)

December 20, 2013

Jennifer Neider, Administrator  
Salubria Center  
355 South Jennifer Street  
Cambridge, ID 83610

License #: RC-907

Dear Ms. Neider:

On November 14, 2013, a Fire Life Safety Survey was conducted at Salubria 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,

TOM MROZ  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TM/lj



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November 19, 2013

Jennifer Neider, Administrator  
Salubria Center--Upper Country Eldercare Coalition  
355 South Jennifer Street  
Cambridge, ID 83610

Dear Ms. Neider:

On November 14, 2013, a Fire Life Safety Survey was conducted at Salubria 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 December 14, 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/j  
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R907</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - ENTIRE BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/14/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SALUBRIA CENTER-UPPER COUNTRY ELDER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>355 SOUTH JENNIFER STREET CAMBRIDGE, ID 83610</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><b>Initial Comments</b></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 14, 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
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Facility Name <i>SALUBRIA CENTER</i>	Physical Address <i>355 SOUTH JENNIFER STREET</i>	Phone Number <i>208-257-4555</i>
Administrator <i>JENNIFER NEIDER</i>	City <i>CAMBRIDGE ID</i>	ZIP Code <i>83610</i>
Survey Team Leader <i>TOM MROZ</i>	Survey Type <i>FIRE LIFE SAFETY</i>	Survey Date <i>11-14-13</i>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
<i>1.</i>	<i>415.05</i>	<i>THE FACILITY DID NOT HAVE THE ANNUAL FIRE SPRINKLER INSPECTION PERFORMED.</i>	<i>11-20-13</i>
<i>2.</i>	<i>410.02</i>	<i>THE FACILITY DID NOT PERFORM A MINIMUM OF ONE (1) FIRE DRILL PER SHIFT PER QUARTER. (MISSING 2<sup>ND</sup> SHIFT 1<sup>ST</sup> QTR &amp; 1<sup>ST</sup> SHIFT 2<sup>ND</sup> QTR)</i>	<i>11-18-13</i>
<i>3.</i>	<i>415.01</i>	<i>THE FACILITY DID NOT ENSURE THAT ALL EQUIPMENT AND SYSTEMS ARE PROPERLY MAINTAINED. FOUR OF FOUR BATTERY POWERED EMERGENCY LIGHTS SAMPLED WERE INOPERATIVE</i>	<i>11-27-13</i>
<i>4.</i>	<i>250.13.i</i>	<i>WINDOW SCREENS MUST BE PROVIDED ON OPERABLE WINDOWS</i>	<i>12-16-13</i>

Response Required Date

*12-19-13*

Signature of Facility Representative

*Jennifer Neider, Administrator*