



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

December 10, 2014

Diane Walker, Administrator
Meadowlark Homes, Inc.
709 West North 2nd
Grangeville, ID 83530

License #: RC-908

Dear Ms. Walker:

On November 19, 2014, a Fire Life Safety Survey was conducted at Meadowlark Homes, Inc. 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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December 2, 2014

Diane Walker, Administrator
Meadowlark Homes, Inc.
701 + 709 West North 2nd
Grangeville, ID 83530

Dear Ms. Walker:

On November 19, 2014, a Life Safety Code survey was conducted at Meadowlark Homes.

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 six (6) 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 December 19, 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

MPG/lj

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - 701 WEST NORTH 2ND B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2014
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NAME OF PROVIDER OR SUPPLIER MEADOWLARK HOMES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 701 + 709 WEST NORTH 2ND GRANGEVILLE, ID 83530
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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 November 19, 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 _____



Facility Name MARLOWARK HOMES (Bldg 2)	Physical Address 709 WEST NORTH 2ND	Phone Number 208-983-3793
Administrator DIANE WALKER	City GRANGEVILLE	ZIP Code 83530
Survey Team Leader SAUL BURBANK	Survey Type FLS	Survey Date 11/19/14

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.05	EMERGENCY LIGHT IN N/W HALLWAY BATTERY DEAD	11-24-14	
2	415.01	SPRINKLER HEAD IN LINEN CLOSET OFF DINING RM BLOCKED	11-19-14	
3	405.03	UNSECURED O ₂ IN NORTH HALLWAY STORAGE ROOM/ NEW RESIDENT ROOM	11-25-14	
4	415.02	NO RECORD ANNUAL TRAINING INSPECTION (REPEAT)	11-21-14	

RECEIVED
DEC 02 2014
FACILITY STANDARDS

Response Required Date 12/19/14	Signature of Facility Representative Molly Lee for Diane Walker	Date Signed
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