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

January 13, 2014

Cathy Lynch, Administrator
Cedar Draw Living Center
4094 North 2100 East
Filer, ID 83328

License #: RC-808

Dear Ms. Lynch:

On December 13, 2013, a Fire Life Safety Survey was conducted at Cedar Draw Living 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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December 18, 2013

Cathy Lynch, Administrator
Cedar Draw Living Center
4094 North 2100 East
Filer, ID 83328

Dear Ms. Lynch:

On December 13, 2013, a Fire Life Safety Survey was conducted at Cedar Draw Living 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 January 13, 2014.

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/lj
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13R808	A. BUILDING: 01 - BUILDING 1 B. WING _____	12/13/2013

NAME OF PROVIDER OR SUPPLIER: CEDAR DRAW LIVING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 4094 NORTH 2100 EAST, FILER, ID 83328

(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	Initial Comments 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 December 11, 2013. The surveyor conducting the survey was: Tom Mroz CFI-II Health Facility Surveyor Facility Fire Safety & Construction	R 000		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
Division of Licensing & Certification / DHW
P.O. Box 83720
Boise, ID 83720-0009
(208) 334-6626 fax: (208) 364-1888
364-1962

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
CEDAR DEAN LIVING CENTER	4094 N 2100 EAST	208-326-3343
Administrator	**City**	**ZIP Code**
CATHY LYNCH	FILER, ID	83328
Survey Team Leader	**Survey Type**	**Survey Date**
T. NROZ	FIRE LIFE SAFETY	12-11-13

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	415.01	INOPERATIVE EMERGENCY LIGHTING, CORRIDOR NEXT TO ROOM #3.	12-12-13 TR
2	~~415.04.8~~	~~FIRE ALARM SYSTEM PAST DUE FOR INSPECTION~~	12-11-13 cl
		Copy of light working for item #1	

RECEIVED
JAN 10 2014
FACILITY STANDARDS

Response Required Date	Signature of Facility Representative	
1-11-14	Cathy Lynch	12-11-13