



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 24, 2014

Darren McDaniel, Administrator
Royal Villa
1713 Center Avenue
Payette, ID 83661

License #: RC-334

Dear Mr. McDaniel:

On December 16, 2013, a Fire Life Safety Survey was conducted at Royal Villa. 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 Mark P. Grimes, Supervisor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

MARK P. GRIMES
Supervisor
Facility Fire Safety & Construction Program

MPG /lj



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December 30, 2013

Darren McDaniel, Administrator
Royal Villa
1713 Center Avenue
Payette, ID 83661

Dear . McDaniel:

On December 16, 2013, a Fire Life Safety Survey was conducted at Royal Villa. 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 16, 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: 13R334	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2013
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NAME OF PROVIDER OR SUPPLIER ROYAL VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 1713 CENTER AVENUE PAYETTE, ID 83661
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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 December 16, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		

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



Facility Name Royal Villa	Physical Address 1713 Center Ave	Phone Number 208-642-9808
Administrator Darren McDaniel	City Poyette, Id	ZIP Code 83661
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 12-16-13

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	410.02	The facility did not conduct and document any fire drills for the first, second and third quarters of 2013.	1-13-14	M
2	404.01	The facility did not document emergency light testing for the months of June, July and August of 2013.	1-13-14 12-26-13	M M
3	415.04	The facility is not inspecting or testing the fire alarm on a monthly basis.	1-13-14	M
4	405.05F	The facility is using a portable electric fire place heater in the Living Room.	1-2-14	M

Response Required Date 1-16-14	Signature of Facility Representative 	Date Signed 12/16/13
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