



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 12, 2015

Rod Johnson, Administrator  
Highland Estates-- Burley Operations  
2050 Hiland Avenue  
Burley, Idaho 83318

License #: RC-911

Dear Mr. Johnson:

On December 18, 2014, a Fire Life Safety Survey was conducted at Highland Estates-- Burley 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.

Should you have questions, please contact Sam Burbank, 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".

MARK P. GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MPG/lj



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December 26, 2014

Rod Johnson, Administrator  
Highland Estates  
2050 Hiland Avenue  
Burley, ID 83318

Dear Mr. Johnson:

On December 18, 2014, a Fire Life Safety Survey was conducted at Highland Estates. 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 17, 2015.

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:  13R911	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  12/18/2014
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NAME OF PROVIDER OR SUPPLIER  HIGHLAND ESTATES - BURLEY OPERATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 HILAND AVENUE BURLEY, ID 83318
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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 December 18, 2014.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety &amp; 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 <b>HIGHLAND ESTATES</b>	Physical Address <b>2050 HIGHLAND AVE</b>	Phone Number <b>208 678 4411</b>
Administrator <b>ROD JOHNSON</b>	City <b>BURLEY</b>	ZIP Code <b>83318</b>
Survey Team Leader <b>Sam BURBANK</b>	Survey Type <b>FLS</b>	Survey Date <b>12/18/14</b>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
	16.03.22	1 OF 2		
1	405.01(B)	EXTENSION CORD USED FOR T.V. IN T.V. ROOM @ MEMORY CARE		
2	405.03	UNSECURED OXYGEN IN T.V. ROOM OF MEMORY CARE		
3	405.08	FIRE EXTINGUISHER IN HALLWAY OF MEMORY CARE LOCKED		
<del>4</del>	<del>405.07</del>	<del>1) DELAYED PRESS COMPONENT OF MEMORY CARE EXIT NOT INSTALLED - REPAIR NOT DONE</del>		
4	405.07	2) DEADBOLT INSTALLED ON DINING RM EXIT DOOR COMPLETED ON SITE	12/18/14	SD
5	415.05	DRY SYSTEM OF SPRINKLER SYSTEM LEAKING - COMPRESSOR RUNNING REPEATEDLY - NOTED ON SPRINKLER INSPECTION		

Response Required Date <b>1/18/15</b>	Signature of Facility Representative 	Date Signed <b>12/18/14</b>
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