IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – 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 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

September 14, 2006

Dortha Bailey, Administrator
Haven of Rest
3362 Willow St
Kamiah, ID 83536

FILE COPY

License #: RC-227

Dear Ms. Bailey:

On August 8, 2006, a life safety code survey was conducted at Haven of Rest. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- 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 Eric Mundell, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

For

ERIC MUNDELL
Team Leader
Health Facility Surveyor
Facility Fire, Life Safety, and Construction Program

EM/slc

c: Mark Grimes, Supervisor, Facility Fire, Life Safety, and Construction Program

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August 22, 2006

Dortha Bailey, Administrator
Haven of Rest
3362 Willow St
Kamiah, ID 83536

Dear Ms. Bailey:

On August 8, 2006, a Life Safety Code survey was conducted at your residential care or assisted living facility. In an effort to improve our services, the Bureau of Facility Standards has initiated a way for providers to give feedback on their survey experience.

Enclosed is a customer comment card. The card is addressed to our office and has had postage pre-paid. Please take a moment to fill out the card and return it to us. We value your input.

Sincerely,

FOR

MARK GRIMES
Supervisor
Fire/Life Safety & Sanitation

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R227	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/08/2006
NAME OF PROVIDER OR SUPPLIER HAVEN OF REST	STREET ADDRESS, CITY, STATE, ZIP CODE 3362 WILLOW ST KAMIAH, ID 83536		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
R9999	Initial Comments The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on August 8, 2006. The surveyors conducting the survey were: Eric Mundell REHS Team Leader Health Facility Surveyor Taylor Barkley Health Facility Surveyor	R9999		

Bureau of Facility Standards

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Haven of Rest	3362 Willow Street	
Administrator	**City**	**ZIP Code**
Dortha Bailey	Kamiah Id 83536	
Survey Team Leader	**Survey Type**	**Survey Date**
Eric Mundell		8-8-06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
I	16.03.250.15	Call System - No system in the facility.	

Response Required Date	Signature of Facility Representative
September 8, 2006	Dortha Bailey