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 12, 2006

Nelia Hartwig, Administrator
Unique Sr Care - Assisted Living
3634 20th St
Lewiston, ID 83501

License #: RC-785

Dear Ms. Hartwig:

On July 27, 2006, a survey was conducted at Unique Sr Care - Assisted Living. 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, Residential Community Care Program, at (208) 334-6626.

Sincerely,

Eric Mundell

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 9, 2006

FILE COPY

Nelia Hartwig, Administrator
Unique Sr Care - Assisted Living
3634 20th St
Lewiston, ID 83501

Dear Ms. Hartwig:

On July 27, 2006, a Life Safety Code survey was conducted at Unique Sr Care - Assisted Living. The facility was found to be providing a safe environment and safe, effective care to 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 proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 26, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Fire/Life Safety & Sanitation Program

MG/slc

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
	13R785	A. BUILDING 01 - ENTIRE BUILDING B. WING _____	07/27/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIQUE SR CARE - ASSISTED LIVING	1639 BIRCH AVE LEWISTON, ID 83501

(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 July 27, 2006. The surveyor conducting the survey was: Eric Mundell REHS Team Leader Health Facility Surveyor Keith Barkow Health Facility Surveryor	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
UNIQUE SENIOR CARE	1639 BIRCH AVE	743-6919 208-746-1077
Administrator	**City**	**ZIP Code**
Nelia Hartwig	LEWISTON, ID	83501-
Survey Team Leader	**Survey Type**	**Survey Date**
ERIC MUNDELL / KEITH BARKOW	FIRE & LIFE SAFETY	THUS 7-27-06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
	IDAPA		
1.	16.03.22.250.15	PROVIDE RESIDENT CALL / MONITOR SYSTEM	cm 8/24/06
		I have talked to Mark, he thought baby monitors would be OK	
	(16.03.22.400	FIRE & LIFE SAFETY REQUIREMENTS) Supposed to call me	Aug 7-9
2.		COMPLETE A WRITTEN EMERGENCY / DISASTER PLAN.	✓
		"EVACUATION PLAN" attached	8/24/06
3.		ANNUAL HVAC SYSTEM INSPECTION REQUIRED.	✓
		LAST 4/22/05	8/24/06
4.		FIRE EXTINGUISHER SERVICE DUE BEFORE 8/1/06	✓
		TAGGED 7/05	8/24/06

RECEIVED
AUG 07 2006
FACILITY STANDARDS

Response Required Date	Signature of Facility Representative
8/27/06	Nelia Hartwig