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 13, 2006

FILE COPY

Linda Vestal, Administrator
Guardian Angel Homes Lewiston I LLC
2221 Vineyard Avenue
Lewiston, ID 83501

License #: RC-806

Dear Ms. Vestal:

On August 9, 2006, a life safety code survey was conducted at Guardian Angel Homes Lewiston I LLC. 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,

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

EM/slc

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FILE COPY

August 23, 2006

Linda Vestal, Administrator
Guardian Angel Homes Lewiston I
2221 Vineyard Avenue
Lewiston, ID 83501

Dear Ms. Vestal:

On August 9, 2006, a Life Safety Code survey was conducted at Guardian Angel Homes Lewiston I. 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 September 8, 2006.

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

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Liviing Program

JS/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
	13R806	A. BUILDING 01 - BUILDING 01 B. WING _____	08/09/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUARDIAN ANGEL HOMES LEWISTON I LLC	2221 VINEYARD AVENUE 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
R 000	Initial Comments The facility was found to be in substantial compliance with the fire and life safety standards, and building construction/physical standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the fire/life safety and sanitation survey conducted on August 9, 2006. The surveyors conducting the survey were: Eric Mundell REHS Team Leader Health Facility Surveyor Taylor Barkley Health Facility Surveyor	R 000		

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
Guardian Angel Homes Lewiston I LLC	2425 Vineyard Avenue	743 6500
Administrator	**City**	**ZIP Code**
Linda Vestal	Lewiston	83501
Survey Team Leader	**Survey Type**	**Survey Date**
Eric Mundell	FLS	8/9/06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.404.01	Fire and Life Safety Standard: (a) Upon test of the fire alarm, the doors separating the upper and lower levels didn't provide separation between the levels. (b) The fire alarm system was silenced and the doors re-locked without a system reset. The door locks* re-energized the locks while the alarm was silenced.	9/12/06
2	16.03.22.415.01	The cross corridor doors could not be re-opened from the kitchen side of the facility (1st level).	9/12/06
		* the 2nd floor smoke door (1/2 of assembly) would not close upon test of alarm.	

Response Required Date	Signature of Facility Representative
September 9, 2006	[signature]