



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 26, 2015

Nathaniel Knowles, Administrator  
Heritage Assisted Living of Boise  
1777 South Curtis Road  
Boise, ID 83705

License #: RC-981

Dear Mr. Knowles:

On January 6, 2015, a Fire Life Safety Survey was conducted at Heritage Assisted Living of Boise. 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.

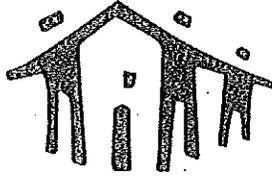
Should you have questions, please contact Sam Burbank, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Burbank'. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

SAM BURBANK  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

SB/lj



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January 9, 2015

Nathaniel Knowles, Administrator  
Heritage Assisted Living of Boise  
1777 South Curtis Road  
Boise, ID 83705

Dear Mr. Knowles:

On January 6, 2015, a Fire Life Safety Survey was conducted at Heritage Assisted Living of Boise-- Heritage Assisted Living, Inc. 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 February 6, 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:  13R981	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 1  B. WING _____	(X3) DATE SURVEY COMPLETED  01/06/2015
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NAME OF PROVIDER OR SUPPLIER  HERITAGE ASSISTED LIVING OF BOISE	STREET ADDRESS, CITY, STATE, ZIP CODE 1777 S CURTIS RD BOISE, ID 83705
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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 January 6, 2015.</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>HOMEPAGE ASSISTED LIVING</b>	Physical Address <b>1777 S. CURTIS</b>	Phone Number <b>208 376 4191</b>
Administrator <b>NATHAN KNOWLES</b>	City <b>BOISE</b>	ZIP Code <b>83705</b>
Survey Team Leader <b>SAM BURBANK</b>	Survey Type <b>FLS/LSC</b>	Survey Date <b>1/6/15</b>

RECEIVED  
JAN 23 2015  
FACILITY STANDARDS

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
	16.03.22	PAGE 1 OF 3	
1	405.01	1) OPEN ELECTRICAL - LOOSE, EXPOSED WIRES IN BASEMENTS FOR (2) FLOURESCENT FIXTURES; EXPOSED WIRES AT STORE ROOM BEHIND THIS ROOM BY #6; EXPOSED WIRING @ MISSING FAN IN CONVERTED STORAGE #60 WING; OPEN FIBER / MISSING T-STAT FOR RADIANT HEATER RM 23 2) @ UNLABELED BREAKERS IN ELECTRICAL PANEL ACROSS FROM 53 & IN RISER RM BY #6	1/23/15 SB
2	405.05	BLOCKED CARPET HEATER IN STORAGE ABUTTING KITCHEN	1/23/15 SB
3	415.01	1) (5) SPRINKLER ESCUTCHEONS DROPPED DOWN FROM CEILING 1/2 - 3/4 INCHES - 3 IN SUN RM, 2 IN LOBBY 2) PAINTED SPRINKLER HEADS - (2) IN MAINTENANCE CLOSET / TIME CLOCK AREA; (3) IN SUN ROOM; (1) IN HOUSEKEEPING STORAGE ABUTTING KITCHEN; (2) IN CONFERENCE RM 3) NOT ENOUGH REPLACEMENT HEADS IN BASEMENT RISER	1/23/15 SB

Response Required Date  
**2/6/15**

Signature of Facility Representative  
*[Signature]* R.C.A.



Facility Name <b>HERITAGE ASSISTED LIVING</b>	Physical Address <b>1777 S. CURTIS</b>	Phone Number <b>208 376 4191</b>
Administrator <b>NATHAN KNOWLES</b>	City <b>BOISE</b>	ZIP Code <b>83705</b>
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NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
	<b>16.03.22</b>	<b>PAGE 2 OF 3</b>	
<b>4</b>	<b>415.05</b>	<b>SEMI ANNUAL HOOD INSPECTION NOT PERFORMED WITHIN 6-MONTHS</b>	<b>1/23/15</b>
<b>5</b>	<b>405.05</b>	<b>1) OXYGEN CONCENTRATOR PLUGGED INTO RELOCATABLE POWER TAP IN ROOM 48</b>	<b>1/23/15</b>
		<b>2) HAZARDOUS AREAS AND COMBUSTIBLE STORAGE NOT EQUIPPED TO SELF CLOSE (DOORS) - ALL STAFF LAUNDRIES SERVICING FACILITY; UTILITY STORAGE AT 40/30 WING COMBUSTIBLE LIQUID STORAGE ABUTTING RM 78; STORAGE RM INSIDE BOTH RISER RM &amp; TUB ROOM (TUB ROOM NOW - SELF-CLOSING)</b>	<b>N/A</b>
<b>6</b>	<b>405.01</b>	<b>MISSING LIGHT COVERS AT TIME CLOCK ROOM &amp; HOUSEKEEPING/CENTRAL STORAGE</b>	<b>1/23/15</b>

Response Required Date <b>2/6/15</b>	Signature of Facility Representative 
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