



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 Eder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

March 3, 2015

April Kohlmaier, Administrator
Bronco Senior Services
1093 South Hilton Street
Boise, ID 83705

License #: RC-998

Dear Ms. Kohlmaier:

On January 21, 2015, a Fire Life Safety Survey was conducted at Bronco Senior Services. 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 Sam Burbank, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

SAM BURBANK
Health Facility Surveyor
Facility Fire Safety & Construction Program

SB/lj



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January 27, 2015

April Kohlmaier, Administrator
Bronco Senior Services DBA Hillcrest
1093 South Hilton Street
Boise, ID 83705

Dear Ms. Kohlmaier:

On January 21, 2015, a Life Safety Code survey was conducted at Bronco Senior Services.

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 nine (9) non-core issue deficiencies were identified on the punch list and one (1) was identified as a repeat punch. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than **February 23, 2015**.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

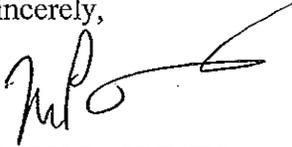
- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to the Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions.

April Kohlmaier, Administrator
January 27, 2015
Page 2 of 2

Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626. Thank you for your continued participation in the Idaho Residential Assisted Living Facility (RALF) Program.

Sincerely,

A handwritten signature in black ink, appearing to read 'MPG', with a long horizontal flourish extending to the right.

MARK P. GRIMES
Program 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: 13R998	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2015
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NAME OF PROVIDER OR SUPPLIER BRONCO SENIOR SERVICES DBA HILLCREST	STREET ADDRESS, CITY, STATE, ZIP CODE 1093 S HILTON STREET 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 21, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & 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 BRONCO SENIOR SERVICES DBA HILICREST	Physical Address 1093 HILTON STREET	Phone Number 208-345-1160
Administrator APRIL KOHLMAIER	City BOISE	ZIP Code 83705
Survey Team Leader SAU BURRANK	Survey Type FLS	Survey Date 1/21/2015

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
		PAGE 1 OF 2	
1	415.05	NO FACILITY REPORT OF SEMI-ANNUAL HOOD CLEANING & SUPPRESSION SYSTEM TESTING & CLEANING	2/27/15
2	410.02	FACILITY FAILED TO PERFORM FIRE DRILLS 1 DRILL SHIFT PER QUARTER (REPEAT)	2/27/15
3	750.01	ADMINISTRATIVE ASSUMES FIRE DRILL REPORTS ARE MAINT	2/27/15
4	405.01	1) OPEN FOUR INCH SQUARE ELECTRICAL BOX ABOVE CEILING @ RM # SMOKE COMPARTMENT DOOR BY NORTH ELEVATOR 2) LOOSE / HANGING WIRES @ 1ST FLOOR IN RICKS ROOM 3) DAISY-CHAINING ELECTRICAL CORDS/LIGHTS @ RM # 137	2/27/15
5	405.05	1) (5) PENETRATIONS IN (2) SMOKE-BARRIERS - (3) @ 115 CORRIDOR (2) @ 124 SMOKE WALL 2) STAIRWELL DOORS NOT CLOSING @ E-24 & E-26	2/27/15

Response Required Date

2/22/15

Signature of Facility Representative



Facility Name BRONCO SENIOR SERVICES DBA HILLCREST	Physical Address 1093 HILTON STREET	Phone Number 208-345-4460
Administrator APRIL KOHMAIER	City BOISE	ZIP Code 83705
Survey Team Leader Sam BUNDENK	Survey Type FLS	Survey Date 1/21/2015

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
	16-03-22	PAGE 2 OF 2	
6	415.03	FIRE EXTINGUISHERS NOT CHECKED MONTHLY	2/27/15
7	415.05	1) MULTIPLE SPRINKLER HEADS "LOADED" - FILLED WITH LINT & DEBRIS ON 1ST & 2ND FLOOR - (5) ON SECOND FLOOR CORRIDORS - (4) IN DINING RM (1) IN 1ST FLOOR CORRIDOR - (3) (ADJ) W/ GONASE - IN KITCHEN 2) SPRINKLER HEAD COVERING W/ MASKING ON 2ND FLOOR 3) MISSING ESCUTCHION ON 2ND FLOOR @ NORTH ELEVATOR 4) MIXED SPRINKLER HEADS E-16 STAIRWELL @ 1ST FLOOR LOUNGE	2/27/15 1/21/15
8	405.03	UNSECURED Q RESIDENT RM 135	
9	415.021	RM 151 SMOKE DETECTOR MALFUNCTION RM 145 BATTERY DEAD	2/27/15

Response Required Date

2/22/15

Signature of Facility Representative