



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

March 3, 2015

Linda Simon, Administrator
Edgewood Management Group
3921 Kissinger Lane
Boise, ID 83703

License #: RC-996

Dear Ms. Simon:

On January 22, 2015, a Fire Life Safety Survey was conducted at Edgewood Plantation Place Llc. 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,

SAM BURBANK
Health Facility Surveyor
Facility Fire Safety & Construction Program

SB/lj



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

January 27, 2015

Linda Simon, Administrator
Edgewood Plantation Place
3921 Kissinger Lane
Boise, ID 83703

Dear Ms. Simon:

On January 22, 2015, a Fire Life Safety Survey was conducted at Edgewood Plantation Place. 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 23, 2015.

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

Sincerely,

A handwritten signature in black ink, appearing to read "M.P. Grimes". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

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: 13R996	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/22/2015
--------------------------------------------------	------------------------------------------------------------------	----------------------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER EDGEWOOD PLANTATION PLACE SENIOR LIV	STREET ADDRESS, CITY, STATE, ZIP CODE 3921 KESSINGER LN BOISE, ID 83703
--------------------------------------------------------------------------	-------------------------------------------------------------------------------

(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
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 22, 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		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Facility Name EDENWOOD PLANTATION PLACE	Physical Address 3921 KESSINGHAM LN	Phone Number 208-853-7300
Administrator LINDA SIMON	City BOISE	ZIP Code 83703
Survey Team Leader SAM BURBANK	Survey Type FLS	Survey Date 1/22/15

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.05	SPRINKLER REPORT SHOWS DRY PENDANTS NOT REPLACED AS REQUIRED @ 10 YEAR INTERVAL	2/27/15	SM
2	405.05	SMOKE BARRIER PENETRATIONS: ATTIC - 4" SPRINKLER LINE NOT SEALED IN SMOKE BARRIER WALL; (2) NEW 1/2 INCH CONDUITS IN MAINTENANCE OFFICE NOT SEALED WHERE EXITING CEILING (4) ESCUTCHEONS IN CORRIDORS DOWN FROM CEILING 1/4" - 1/2"	2/27/15	SM
3	405.01	1) DAISSY-CHAINED ELECTRICAL DECORATIVE LIGHTING (2) IN RN OFFICE; (1) AT XMAS TREE @ ENTRY	2/27/15	SM
		2) (1) XMAS TREE LIGHTING @ PIANO IN GREAT ROOM PLUGGED INTO EXTENSION CORD	2/27/15	SM
		3) HOMEMADE OUTDOOR LIGHTING STRING ON ROOF		

Response Required Date 2/22/15	Signature of Facility Representative <i>Linda Simon</i>	Date Signed 1/22/15
-----------------------------------	------------------------------------------------------------	------------------------