



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

February 23, 2015

L. Lark Linehan, Administrator
Lark's Haven
11950 North Thames Court
Hayden, ID 83835

License #: RC-828

Dear Ms. Linehan:

On January 30, 2015, a Fire Life Safety Survey was conducted at Lark's Haven. 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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February 6, 2015

L. Lark Linehan, Administrator
Lark's Haven
11950 North Thames Court
Hayden, ID 83835

Dear Ms. Linehan:

On January 30, 2015, a Fire Life Safety Survey was conducted at Lark's Haven. 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 March 1, 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. Grimes', followed by a horizontal line.

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: 13R828	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2015
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NAME OF PROVIDER OR SUPPLIER LARK'S HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 11950 NORTH THAMES COURT HAYDEN, ID 83835
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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 30, 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
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IDAHO DEPARTMENT OF
HEALTH & WELFARE

MEDICAID L & C - RALF PROGRAM
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

STATUS
Received

PAGES
1

DURATION
47

REMOTE CSID

TIME RECEIVED
February 20, 2015 12:07:05 PM MST

** DHW INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

Facility Name LARK'S HAVEN - THAMMS	Physical Address 11950 N THAMMS CT.	Phone Number 208-772-2146
Administrator LARK LINETAN	City HAYDEN	ZIP Code 83835
Survey Team Leader SAM BURBANK	Survey Type FLS	Survey Date 1/30/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.05	SPRINKLER TAMPER SWITCH COVER MISSING	2-19-15	
2	405.01	OUTLET COVER MISSING IN NORTH BEDROOM	1/30/15	80
3	415.03	(2) FIRE EXTINGUISHERS MISSING MONTHLY INSPECTIONS	2/10/15	
* sent photos of updated tags on fire extinguishers and cover on tamper switch. <i>Lark Linetan</i>				

Response Required Date 2/20/15	Signature of Facility Representative <i>Lark Linetan</i>	FACILITY STANDARDS	Date Signed
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