



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)

March 23, 2015

David Snyder, Administrator  
Brookstone Village - Brookstone Village Llc  
921 Corporate Lane  
Nampa, ID 83651

License #: RC-896

Dear Mr. Snyder:

On February 18, 2015, a Fire Life Safety Survey was conducted at Brookstone Village. 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 Nathan Elkins, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

NATHAN ELKINS  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

NE/lj



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February 23, 2015

David Snyder, Administrator  
Brookstone Village  
921 Corporate Lane  
Nampa, ID 83651

Dear Mr. Snyder:

On February 18, 2015, a Fire Life Safety Survey was conducted at Brookstone Village. 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 20, 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:  13R896	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  02/18/2015
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NAME OF PROVIDER OR SUPPLIER  BROOKSTONE VILLAGE - BROOKSTONE VILL	STREET ADDRESS, CITY, STATE, ZIP CODE 921 CORPORATE LANE NAMPA, ID 83651
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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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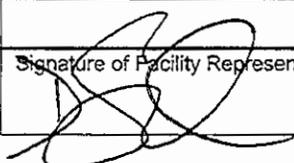
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the life safety code requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard life safety code survey conducted on February 18, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safety &amp; Construction</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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Facility Name <b>Brookstone Village</b>	Physical Address <b>921 Corporate LN</b>	Phone Number <b>468-7714</b>
Administrator <b>David Snyder</b>	City <b>NAMPA</b>	ZIP Code <b>83651</b>
Survey Team Leader <b>Nathan Elkins</b>	Survey Type <b>Fire / Life Safety</b>	Survey Date <b>2-18-15</b>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.02	The facility failed to ensure Fuel Fired Heating Systems were inspected on an Annual basis	3-18-15	NE
2	410.02	The facility failed to ensure fire drills were conducted one per shift per quarter (Missing 1 <sup>st</sup> quarter AM shift)	3-17-15	NE
3	405.05	Life Safety Code Compliance -		
	LSC Ch. 7	There shall be a readily visible sign in letters not less than 1 inch high and not less than 1/8 inch in stroke width on a contrasting background that reads Push/Pull until Alarm sounds Door Can Be Opened in 15 seconds.	3-18-15	NE

Response Required Date <b>3-18-15</b>	Signature of Facility Representative 	Date Signed <b>2-18-15</b>
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