



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

April 8, 2015

Melissa Wolfe, Administrator
Hillcrest Manor
4660 Hatchery Road
Eagle, ID 83616

License #: RC-910

Dear Ms. Wolfe:

On March 5, 2015, a Fire Life Safety Survey was conducted at Hillcrest Manor. 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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March 13, 2015

Melissa Wolfe, Administrator
Hillcrest Manor
4660 Hatchery Road
Eagle, ID 83616

Dear Ms. Wolfe:

On March 5, 2015, a Fire Life Safety Survey was conducted at Hillcrest Manor. 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 April 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: 13R910	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2015
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NAME OF PROVIDER OR SUPPLIER HILLCREST MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3901 WEST HILLCREST DRIVE 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 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 March 5, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safety & Construction</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 <i>Hillcrest Manor</i>	Physical Address <i>3901 W. Hillcrest Dr</i>	Phone Number <i>208-424-0618</i>
Administrator <i>Melissa Wolfe</i>	City <i>BOISE</i>	ZIP Code <i>83705</i>
Survey Team Leader <i>Nathan Elkins</i>	Survey Type <i>Fire/Life Safety</i>	Survey Date <i>3/5/15</i>

NON-CORE ISSUES

ITEM #	RULE# 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	405.07	Front Exit Door locks has multiple actions for egress. Exit Door locks must be single action, easy to operate without special knowledge or keys.	4-1-15	NE
2	405.01	Exterior outlet outside dining room near Alc unit is cracked and not covered exposing the outlet to the outside elements.	4-1-15	NE
3	250.11	All three (3) bathroom water temps taken from the faucets were above 120° Fahrenheit (Temps were 128°F, 125°F, 125°F)	3-30-15	NE

Response Required Date <i>4/5/15</i>	Signature of Facility Representative 	Date Signed <i>3/5/15</i>
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