



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 14, 2015

Jeffrey Crowe, Administrator
Bee Hive Homes of Kenmere
1850 North Lakes Place
Boise, ID 83709

License #: Rc-1073

Dear Mr. Crowe:

On March 9, 2015, a Fire Life Safety Survey was conducted at Bee Hive Homes of Kenmere - Golden Years. 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



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March 18, 2015

Jeffrey Crowe, Administrator
Bee Hive Homes of Kenmere
1850 North Lakes Place
Boise, ID 83709

Dear Mr. Crowe:

On March 9, 2015, a Fire Life Safety Survey was conducted at Bee Hive Homes of Kenmere. 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 8, 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: 13R1073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2015
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NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES OF KENMERE	STREET ADDRESS, CITY, STATE, ZIP CODE 2321 KENMERE PLACE MERIDIAN, ID 83646
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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 March 09, 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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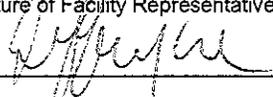
Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Facility Name BEEHIVE HOMES	Physical Address 2321 KENNEDY	Phone Number 208-895-7914
Administrator JEFF CROW	City HAUIDIAN	ZIP Code 83616
Survey Team Leader Sam Burbank	Survey Type FLS	Survey Date 3/9/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.03	O ₂ CONCENTRATOR PLUGGED INTO RELOCATABLE POWER TAP Rm # 1	3/9/15	<input checked="" type="checkbox"/>
2	405.05	WATER TEMP @ 125 DEGREES IN Rm #8, #2 & Hall BATH		
3	415.05	PAINTED SPRINKLER HOOPS IN Rm #4 & #6 CLOSET - NOTED ON ANNUAL REPORT		
4	415.02	No copy of ANNUAL FUEL - FIRE HEATING INSP		
5	415.04	No copy of ANNUAL FIRE ALARM TESTING		

Response Required Date 4/9/15	Signature of Facility Representative 	Date Signed 3/9/15
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