



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)

April 2, 2015

Deirdre Kempe, Administrator  
Streamside Assisted Living  
1355 South Edgewater Circle  
Nampa, ID 83686

License #: RC-862

Dear Ms. Kempe:

On March 11, 2015, a Fire Life Safety Survey was conducted at Streamside Assisted Living. 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

Deirdre Kempe, Administrator  
Streamside Assisted Living  
1355 South Edgewater Circle  
Nampa, Idaho 83686

Dear Ms. Kempe:

On March 11, 2015, a Fire Life Safety Survey was conducted at Streamside Assisted Living. 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 10, 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:  13R862	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 1  B. WING _____	(X3) DATE SURVEY COMPLETED  03/11/2015
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NAME OF PROVIDER OR SUPPLIER  STREAMSIDE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1355 SOUTH EDGEWATER CIRCLE NAMPA, ID 83686
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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 11, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety &amp; 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 <b>STRANNSIDE ASSISTED LIVING</b>	Physical Address <b>1355 SOUTH EDGEMARK</b>	Phone Number <b>208 442 0097</b>
Administrator <b>DEIRDRE KAMPE</b>	City <b>NAMPA</b>	ZIP Code <b>83686</b>
Survey Team Leader <b>Sam Burbank</b>	Survey Type <b>FLS</b>	Survey Date <b>3/11/15</b>

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.01	ROTATING POWER TAP IN USE WITH HAIR DRYERS & CURLING IRONS IN BEAUTY SALON	3/11/15	AB
2	405.05	(7) EXIT LIGHT/E-LIGHTS BATTERIES WERE DEAD	3/16/15	AB
3	415.05	1) LOOSE SPRINKLER HEAD IN REFRIGERATOR MAIN KITCHEN 2) SPRINKLER HEAD IN NORTHWEST WATER HEATER CLOSET UNDM RATED HAZARD - 155° HEAD 212° IN OTHERS	3/16/15 3/18/15	AB AB
4	405.05	1) HAZARDOUS AREAS WITHOUT SELF CLOSING DEVICES - MAIN OFFICE, HOUSEKEEPING, GARAGE CONVERTED TO STORAGE 2) LAUNDRY ROOM DOOR NOT SELF-CLOSING	3/23/15	AB
5	405.05	RESIDENT RM DOORS 13, 24 WOULD NOT CLOSE	3/23/15	AB

Response Required Date <b>4/1/15</b>	Signature of Facility Representative <i>Deirdre M. Kampe</i>	RECEIVED APR - 1 2015	Date Signed <b>3/11/15</b>
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