



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 28, 2015

Timothy Pape, Administrator  
Bee Hive Homes of Maryland  
1850 North Lakes  
Meridian, ID 83646

License #: RC-1074

Dear Mr. Pape:

On March 12, 2015, a Fire Life Safety Survey was conducted at Bee Hive Homes of Maryland. 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

Timothy Pape, Administrator  
Bee Hive Homes of Maryland  
1850 North Lakes  
Meridian, ID 83646

Dear Mr. Pape:

On March 12, 2015, a Fire Life Safety Survey was conducted at Bee Hive Homes Of Maryland - Golden Years Inc. 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:  <b>13R1074</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - ENTIRE BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/12/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BEE HIVE HOMES OF MARYLAND</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>612 EAST MARYLAND NAMPA, ID 83686</b>
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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 12, 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 <i>Beetle Home - Maryland</i>	Physical Address <i>612 MARYLAND</i>	Phone Number <i>208-466-6411</i>
Administrator <i>TIM PAPE</i>	City <i>Nampa</i>	ZIP Code <i>83686</i>
Survey Team Leader <i>Sally Durbank</i>	Survey Type <i>FLS</i>	Survey Date <i>3/12/15</i>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.01	1) "ZIP" CORD & MULTIPLE PLUG ADAPTERS IN USE IN RMS 7, 8, & 10	3/12/15	SB
		2) OPEN BREAKER SLOT IN SUBPANEL #1	4/22/15	SB
		3) EXPOSED ELECTRICAL @ FACIP FROM NEW PANEL INSTALL	4/15/15	SB
2	405.03	UNSECURED OXYGEN IN RM 11	3/12/15	SB
3	415.05	1) NO ANNUAL REPORT ON SPRINKLER SYSTEM - PAST REPORTS SHOW PROBLEMS WITH ANTI-FREEZE AND	4/15/15	SB
		2) NO CHECK VALVE INSTALLATION REPORT - INDICATING DRAINAGE PROBLEM	4/15/15	SB
		3) COMMENT ON ANTI-FREEZE A NON-PREMIUMED SOLUTION	4/15/15	SB

Response Required Date <i>4/12/15</i>	Signature of Facility Representative 	Date Signed <i>3/12/15</i>
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