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 7, 2015

Terese Sackos, Administrator
Amber Lane Residence
1819 West Bannock Street
Boise, ID 83702

License #: RC-744

Dear Ms. Sackos:

On March 16, 2015, a Fire Life Safety Survey was conducted at Amber Lane Residence. 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 30, 2015

Terese Sackos, Administrator
Amber Lane Residence
1819 West Bannock Street
Boise, ID 83702

Dear Ms. Sackos:

On March 16, 2015, a Fire Life Safety Survey was conducted at Amber Lane Residence. 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 15, 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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: **01 - ENTIRE BUILDING** B. WING _____	(X3) DATE SURVEY COMPLETED
	13R744		**03/16/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMBER LANE RESIDENCE - AMBER LANE, IN	**1819 WEST BANNOCK STREET** **BOISE, ID 83702**

(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
R 000	Initial Comments 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 16, 2015. The surveyor conducting the survey was: Nathan Elkins Health Facility Surveyor Fire Life Safety & Construction	R 000		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

** DHW INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **
TIME RECEIVED April 2, 2015 2:14:18 PM MDT
REMOTE CSID 2083365004
DURATION 125
PAGES 4
STATUS Received

IDAHO DEPARTMENT OF HEALTH & WELFARE

MEDICAID L & C – RALF PROGRAM
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Amber Lane Residence	1819 W. Bannock ST	208-336-5004
Administrator	**City**	**ZIP Code**
Terese Sackss	Boise	83702
Survey Team Leader	**Survey Type**	**Survey Date**
Nathan Elkins	Fire/Life Safety	3-16-15

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	4/5.02	Facility failed to ensure fuel fired heating systems/ devices were inspected/tested annually		
		Attached please find Annual Inspection (Pass) of heating & cooling unit from "Right Now Heating". They will be coming out twice yearly going forward. If any addition documents are needed please advice. Terese Sackss	3-17-15	NE

APR 02 2015
FACILITY STANDARDS

Response Required Date	Signature of Facility Representative	Date Signed
4/16/15	Kim Elkins	3-16-15