



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 Eker 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)

May 13, 2015

Janine Sawaya, Administrator  
Morningstar of Boise  
450 S Orange Ave  
Orlando, FL 32801

License #: RC-1069

Dear Ms. Sawaya:

On March 26, 2015, a Fire Life Safety Survey was conducted at Morningstar Of Boise - Chp Boise Id Tenant Corp.. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- 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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April 2, 2015

Janine Sawaya, Administrator  
Morningstar of Boise  
450 South Orange Avenue  
Orlando, FL 32801

Dear Ms. Sawaya:

On March 26, 2015, a Fire Life Safety Survey was conducted at Morningstar of Boise. 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 27, 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:  13R1069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/26/2015
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NAME OF PROVIDER OR SUPPLIER  MORNINGSTAR OF BOISE	STREET ADDRESS, CITY, STATE, ZIP CODE 5850 NORTH FIVE MILE ROAD BOISE, ID 83713
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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 26, 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>MORNINGSTAR OF BOISE</b>	Physical Address <b>5850 NORTH 5-MILE</b>	Phone Number <b>208-429-6544</b>
Administrator <b>JANINE SAWYER</b>	City <b>BOISE</b>	ZIP Code <b>83713</b>
Survey Team Leader <b>SAM BURBANK</b>	Survey Type <b>FLS</b>	Survey Date <b>3/26/15</b>

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.05	PENETRATIONS NOT SEALED FROM INSTALLATION OF WIRING OF NEW SPECIAL LOCKING ARRANGEMENTS INTO STAIRWELL THROUGH 2-HOUR WALLS	5/11/15	8/3
2	405.07	DELAYED EGRESS DOORS NOT SIGNED (3) EXITS	5/11/15	8/3
3	405.03	(7) UNSECURED OXYGEN IN ROOM 103	5/11/15	8/3
4	402	FACILITY WAS STORING FLAMMABLE LIQUIDS & GASES IN ELECTRICAL MAIN COMPARTMENT - 5 GAL GASOLINE & (2) PROPANE CYLINDERS OF 15# SIZE	5/11/15	8/3
5	405.05	1) LAUNDRY ROOM DOORS ON 1ST & SECOND FLOOR - SELF CLOSERS REMOVED; THIRD FLOOR BLOCKED BY CHAIR	5/11/15	8/3
		2) KITCHEN DOOR INTO DINING - MAGNETIC HOLD OPEN REMOVED & SELF-CLOSURE REMOVED	5/11/15	8/3

Response Required Date <b>4/26/15</b>	Signature of Facility Representative <b>Julie Schiena for Janine Sawyer-Eggers</b>	Date Signed <b>3/26/15</b>
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