



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

May 13, 2015

Lisa Moore, Administrator
Assisted Living on Shamrock
7100 South Valley Heights Drive
Boise, ID 83709

License #: RC-547

Dear Mrs. Moore:

On April 15, 2015, a Fire Life Safety Survey was conducted at Assisted Living on Shamrock. 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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April 24, 2015

Lisa Moore, Administrator
Assisted Living on Shamrock
7100 South Valley Heights Drive
Boise, ID 83709

Dear Mrs. Moore:

On April 15, 2015, a Fire Life Safety Survey was conducted at Assisted Living on Shamrock. 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 May 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: 13R547	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2015
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NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING ON SHAMROCK	STREET ADDRESS, CITY, STATE, ZIP CODE 2716 SHAMROCK AVENUE 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 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 April 15, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safety & Construction</p>	R 000		
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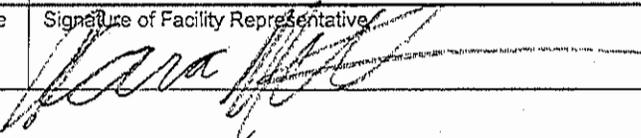
Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Facility Name <i>Assisted Living on Shamrock</i>	Physical Address <i>2716 Shamrock Ave</i>	Phone Number <i>465-5923</i>
Administrator <i>Chris Moore</i>	City <i>Nampa</i>	ZIP Code <i>83686</i>
Survey Team Leader <i>Nathan Etkins</i>	Survey Type <i>Fire Life Safety</i>	Survey Date <i>4-15-15</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.02	Missing inspection report for fuel fired heating system	12-15-14	NE
2	415.05	Missing inspection report for annual sprinkler system inspection / testing	12-9-14	NE
3	415.04	Missing inspection report for annual fire alarm system inspection / testing	12-9-14	NE
4	405.01	Missing cover to an outlet / light switch in basement bathroom	5-5-14	NE

Response Required Date <i>5-15-15</i>	Signature of Facility Representative 	Date Signed <i>4-15-15</i>
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