



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

July 2, 2015

Larry Gilley, Administrator
Garnet Place
5815 Coffey Street
Boise, ID 83714

License #: RC-1055

Dear Mr. Gilley:

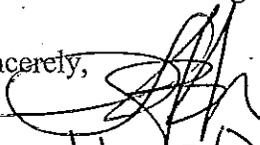
On May 13, 2015, a Fire Life Safety Survey was conducted at Garnet Place (formerly Rosewind House). As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- 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 Nathan Elkins, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,



FOR NATHAN ELKINS

NATHAN ELKINS
Health Facility Surveyor
Facility Fire Safety & Construction Program

NE/lj



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May 22, 2015

Larry Gilley, Administrator
Garnet Place
5815 Coffey Street
Boise, ID 83714

Dear Mr. Gilley:

On May 13, 2015, a Fire Life Safety Survey was conducted at Garnet Place (formerly Rosewind House). 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 June 12, 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: 13R1055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2015
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NAME OF PROVIDER OR SUPPLIER GARNET PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 5815 COFFEY STREET BOISE, ID 83714
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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 May 13, 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



Facility Name <i>Garnet Place</i>	Physical Address <i>5815 Coffey St</i>	Phone Number <i>208-377-9980</i>
Administrator <i>Larry Gilley</i>	City <i>Garden City</i>	ZIP Code <i>83714</i>
Survey Team Leader <i>Nate Elkins</i>	Survey Type <i>Fire Safety</i>	Survey Date <i>5-13-15</i>

NON-CORE ISSUES

ITEM	DESCRIPTION	RESOLVED	
<i>1</i>	<i>4/15.01</i>	<i>Emergency light #18 not operational</i>	<i>5/13/15</i>
<i>2</i>	<i>4/15.03</i>	<i>Placard for class K extinguisher in kitchen missing</i>	<i>5/13/15</i>
			<i>7/2/15</i>
			<i>FOR NAR</i>
			<i>ELKINS</i>

Response Required Date <i>6-13-15</i>	Signature of Facility Representative <i>Shirley Harmon</i>
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