



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@dhwr.idaho.gov](mailto:fsb@dhwr.idaho.gov)

July 13, 2015

Bryan Elliott, Administrator  
Willow Park Management  
1800 SW First Avenue, Suite 180  
Portland, OR 97201

License #: RC-1024

Dear Mr. Elliott:

On June 9, 2015, a Fire Life Safety Survey was conducted at Willow Park. 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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June 16, 2015

Bryan Elliott, Administrator  
Willow Park Management  
1800 SW First Avenue, Suite 180  
Portland, OR 97201

Dear Mr. Elliott:

On June 9, 2015, a Fire Life Safety Survey was conducted at Willow Park. 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 July 9, 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:  13R-1024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - WILLOW PARK  B. WING _____	(X3) DATE SURVEY COMPLETED  06/09/2015
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NAME OF PROVIDER OR SUPPLIER  WILLOW PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH MILWAUKEE BOISE, ID 83704
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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
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 June 9, 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		

Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Facility Name <b>WILLOW PARK</b>	Physical Address <b>2600 N MILWAUKEE</b>	Phone Number <b>208-375-1316</b>
Administrator <b>BRYAN ELLIOTT</b>	City <b>BOISE</b>	ZIP Code <b>83704</b>
Survey Team Leader <b>SAM BURBANK</b>	Survey Type <b>FLS</b>	Survey Date <b>6/9/15</b>

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.01	1) RELOCATABLE POWER (RPT) USED AS EXTENSION CORD FOR REFRIGERATOR @ KITCHEN	7/1/15	<del>SB</del>
		2) EXTENSION CORD USED FOR TRANSFORMER @ 1ST FLOOR MECHANICAL BY MAIN ENTRANCE	7/1/15	<del>SB</del>
		3) IT/HOUSEKEEPING STORAGE - 3 RPTS "DAISY-CHAINED" TOGETHER	7/30/15	<del>SB</del>
		4) OXYGEN CONCENTRATOR PLUGGED INTO RPT Rm 109 -	6/30/15	<del>SB</del>
2	405.08	3) FIRE EXTINGUISHERS LOCKED IN CABINETS @ OUTSIDE PATIOS	7/6/15	<del>SB</del>
3	405.03	1) OXYGEN TRANSFER RM NOT EQUIPPED WITH MECHANICAL VENTILATION - FAN NOT WORKING	7/7/15	<del>SB</del>
		2) CYLINDER (PORTABLE) STORED ON TOP OF RACKED CYLINDERS	6/25/15	<del>SB</del>
4	405.05	1) STAIRWELL DOOR BY RM 147/148 NOT SEALING	7/1/15	<del>SB</del>
		2) FIRE DOORS @ 101, 137, 217 NOT CLOSING	7/8/15	<del>SB</del>
		3) 7 MISSING CEILING TILES FROM MAINTENANCE TO LAWSON	7/6/15	<del>SB</del>

Response Required Date <b>7/9/15</b>	Signature of Facility Representative <b>Diana Chilton for Bryan Elliott</b>	Date Signed <b>6/9/15</b>
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