



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) 334-6628
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

July 16, 2015

James Varnadoe, Administrator
Overland Court Senior Living
10250 West Smoke Ranch Drive
Boise, ID 83709

License #: RC-973

Dear Mr. Varnadoe:

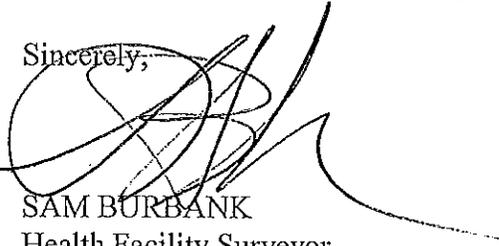
On June 10, 2015, a Fire Life Safety Survey was conducted at Overland Court Senior Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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 18, 2015

James Varnadoe, Administrator
Overland Court Senior Living
10250 West Smoke Ranch Drive
Boise, ID 83709

Dear Mr. Varnadoe:

On June 10, 2015, a Fire Life Safety Survey was conducted at Overland Court Senior Living. 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 10, 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: 13R973	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2015
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NAME OF PROVIDER OR SUPPLIER OVERLAND COURT SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 10250 WEST SMOKE RANCH DRIVE BOISE, ID 83709
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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 June 10, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & 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 OVERLAND COURT SENIOR LIVING	Physical Address 10250 WEST SMOKE RANCH ROAD DR	Phone Number 208-322-2900
Administrator JAMES VARNADO	City BOISE	ZIP Code 83709
Survey Team Leader SAM BURBANK	Survey Type FLS	Survey Date 6/10/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
	16.03.22	1 OF 2		
1	405.03	1) OXYGEN NOT PROPERLY STORED - (5) CYLINDERS NOT STORED IN RACKS IN TRANSFILL/STORAGE RM 100 WING	6-15/15	
		2) OXYGEN TRANSFILL AREA NOT EQUIPPED WITH PPE	6-24/15	
		3) TRANSFILL AREA FOR OXYGEN - PRESENCE OF HYDROCARBON MATERIAL - VINYL GLUE	6-15/15 Delayed	
		4) ELECTRICAL IN OXYGEN TRANSFILL/STORAGE RM LOWER THAN FIVE FEET	7-7-15	
2	415.01	1) ANSUL PULL STATION IN KITCHEN - GLASS BULB BROKEN	6-26-15	
		2) BLOCKED SPRINKLER HEADS @ MAINTENANCE, HOUSEKEEPING "B" WING, OFFICE STORAGE @ MAIN ENTRY WING	6/23/15	
		3) RISER RM USED FOR STORAGE	6/24/15	
		4) "K" STYLE SIGN IMPROPERLY MOUNTED	6/24/15	
3	405.01	3 TO 1 MULTIPLE PLUG ADAPTER USED BY HOUSEKEEPING STAFF	6/10/15	3
4	405.05	VALVE BASED HAND RUB DISPENSERS OVER CARPET - NO DRIP TRAYS	6/30/15	
Response Required Date 7/10/15	Signature of Facility Representative <i>James Varnado</i>	Date Signed 6-10-15		

