



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. 'BUTCH' OTTER – Governor
RICHARD M. ARMSTRONG – Director

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

November 16, 2015

Cindy Keithley, Administrator
Syringa Place
1880 Harrison Street North
Twin Falls, ID 83301

License #: RC-1052

Dear Ms. Keithley:

On October 8, 2015, a Fire Life Safety Survey was conducted at Syringa Place. 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 plan of correction and evidence of resolution.

Should you have questions, please contact Nate Elkins, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626, option 3.

Sincerely,

Nate Elkins
Health Facility Surveyor
Facility Fire Safety & Construction Program

NE/lj



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor
RICHARD M. ARMSTRONG - Director

TAMARA PRISOCK - ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

October 16, 2015

Cindy West, Administrator
Syringa Place
1880 Harrison Street North
Twin Falls ID 83301

Dear Ms. West:

On October 8, 2015, a Fire Life Safety Survey was conducted at Syringa Place. 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.

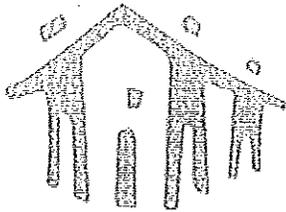
Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by November 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



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITIES
PROGRAM

P.O. Box 83720
Boise, Idaho 83720-0009
Email: ralf@dhw.idaho.gov
PHONE (208) 364-1962
FAX (208) 364-1888

Punch Items

Survey Date: 10/08/2015

16.03.22.405.05. Structure, Maintenance, Equipment to Assure Safety.

The facility must be structurally sound, maintained, and equipped to assure the safety of residents, personnel, and the public including:

- 1.) Multiple sprinkler heads found throughout facility extending through ceiling showing open penetrations that would allow the passage of smoke.
- 2.) Multiple doors found throughout facility revealed combustible holiday decorations covering doors with no flame resistant spray

16.03.22.405.07. Exit Door Locks.

Any locks on exit doors must be single action and easily operable from the inside without the use of keys or any special knowledge. Special locking arrangements as permitted in Chapter 7 of the NFPA, Standard 101, Life Safety Code, 2000 Edition, can be used.

A throw-bolt lock was found on the bottom part of the front exit door

16.03.22.415.01. Maintenance of Equipment and Systems.

The facility must assure that all equipment and systems are properly maintained to assure the safety of the residents.

- 1.) A sprinkler escutcheon missing from the sprinkler head assembly located in room 5 (Salon)
- 2.) Missing documentation of semi-annual cleaning of the kitchen hood.



Facility Name <i>Syringa Place Senior Living</i>	Physical Address <i>1880 Harrison St. North</i>	Phone Number <i>208-733-7511</i>
Administrator <i>Cindy Keithley</i>	City <i>Twin Falls</i>	ZIP Code <i>83301</i>
Survey Team Leader <i>Nate Elkins</i>	Survey Type <i>Fire Life Safety</i>	Survey Date <i>10-8-15</i>

RECEIVED
NOV - 9 2015
FACILITY STANDARDS

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.05	Multiple sprinkler heads found throughout facility not flush w/ ceiling that would allow smoke to spread into attic	10-09-2015	NE
2	405.07	A throw bolt was found on front exit door	10-09-2015	NE
3	415.01	A sprinkler escutcheon missing from assembly located in RMS (salon)	10-09-2015	NE
4	415.02	Missing semi annual documentation for kitchen hood cleaning.	10-08-2015	NE
5	405.05	Multiple doors found throughout facility revealed combustible decorations covering entire door	10-10-2015	NE

Response Required Date <i>11-9-15</i>	Signature of Facility Representative <i>Cindy Keithley, ED</i>	Date Signed <i>10-8-15</i>
--	---	-------------------------------