



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 24, 2015

Wendi Gailey, Administrator
Paramount Parks-- Eagle
815 North Eagle Road
Eagle, Idaho 83616

License #: RC-921

Dear Ms. Gailey:

On November 4, 2015, a Fire Life Safety Survey was conducted at Paramount Parks-- Eagle. 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, option 3.

Sincerely,

Sam Burbank
Health Facility Surveyor
Facility Fire Safety & Construction Program

SB/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

November 6, 2015

Wendi Gailey, Administrator
Paramount Parks Health Care at Eagle
815 North Eagle Road
Eagle, ID 83616

Dear Ms. Gailey:

On November 4, 2015, a Fire Life Safety Survey was conducted at Paramount Parks Health Care at Eagle. 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 December 4, 2015.

Should you have any questions about our visit, please contact me at (208) 334-6626, option 3.

Sincerely,

MARK P. GRIMES, Supervisor
Facility Fire Safety & Construction Program

MPG/lj
Enclosure

NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Paramount Parks Health Care at Eagle, LLC	RC-921	815 North Eagle Road	208-939-9978
Administrator	City	Zip Code	Survey Date
Wendi Gailey	Eagle	83616	11/4/2015
Survey Team Leader	Survey Type		Response Due
Burbank, Sam	Fire Life Safety and Sanitation Licensure		
Administrator Signature	Date Signed		

Item #	Rule	Description
0	.405.03. Medical Gases.	<ol style="list-style-type: none"> 1) Oxygen Transfill Rm not properly signed 2) Liquid Oxygen stored withing five feet of combustibles 3) Light switch by liquid oxygen transfill/storage within five feet of the floor
1	.405.05. Structure, Maintenance, Equipment to Assure Safety.	<ol style="list-style-type: none"> 1) Three open penetrations in downstairs memory care - mechanical room had (1) @ approximately four feet by four feet in the ceiling and (1) @ approximately 24 inches by 32 inches in the wall; Elevator room ceiling access of 24" by 32" removed. 2) Two broken filters @ Kitchen hood. 3) Heat detector @ mechanical room in memory care hanging/unsecured.



Facility Name PARAMOUNT PARKS - EAGLE	Physical Address 815 N. EAGLE RD.	Phone Number 208-939-9978
Administrator WENDI GAILLEY	City EAGLE	ZIP Code 83616
Survey Team Leader Sam Burbank	Survey Type FCL	Survey Date 11/4/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
1	405.03	1) OXYGEN TRANSFER Rm NOT PROPERLY SIGNED 2) LIQUID OXYGEN STORED WITHIN 5' OF COMBUSTIBLES 3) LIGHT SWITCH BY LOX TRANSFER/STORAGE WITHIN 5' OF THE FLOOR	11/17/15 WGA	
2	405.05	1) THREE OPEN CEILING PENETRATIONS IN DOWNSTAIRS MEMORY CARE - MECHANICAL RM HAD (1) @ APPROXIMATELY 4' X 4' AND (2) @ APPROXIMATELY 32" X 24" IN WALL BLENDED RM CEILING ACCESS OF 24" X 32" REMOVED 2) TWO BROKEN FILTERS @ KITCHEN HOOD 3) HEAT DETECTOR @ MECHANICAL RM IN MEMORY CARE HANGING / UNSECURED	11/17/15 WGA	

Response Required Date 12/4/15	Signature of Facility Representative Wendi Gailley	Date Signed 11/4/15
--	--	-------------------------------

NOV 11 2015
FACILITY STAMP