



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

December 15, 2015

Erica Weber, Administrator
Glenwood House
4660 Hatchery Road
Eagle, ID 83616

License #: RC-909

Dear Ms. Weber:

On November 5, 2015, a Fire Life Safety Survey was conducted at Glenwood House. 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.

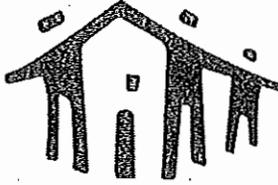
This office is accepting your submitted evidence of resolution.

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



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November 6, 2015

Erica Weber, Administrator
Glenwood House
4660 Hatchery Road
Eagle ID 83616

Dear Ms. Weber:

On November 5, 2015, a Fire Life Safety Survey was conducted at Glenwood 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 December 7, 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
Glenwood House, LLC	RC-909	4660 Hatchery Road	208-658-0463
Administrator	City	Zip Code	Survey Date
Erica Weber	Eagle	83616	11/5/2015
Survey Team Leader	Survey Type	Response Due	
Burbank, Sam	Fire Life Safety and Sanitation Licensure		
Administrator Signature	Date Signed		

Item #	Rule	Description
0	.405.01. Electrical Installations and Equipment.	<p>1) Room #8 Using (3) relocatable power taps - "Daisy chained" together.</p> <p>2) Both Emergency light batteries dead - no 30 minute monthly and no 90 minute annual testing documented.</p>
1	.415.05. Automatic Fire Extinguishing System Service and Testing.	<p>1) Sprinkler pendant in water heater/furnace closet is leaking and corroded</p> <p>2) Anti-freeze solution is not documented or known as to type - per report 2015</p> <p>3) Anti-freeze being tested by temperature not percentage</p> <p>4) No tag on riser for anti-freeze concentration</p>



Facility Name <i>Glenwood House - Boise</i>	Physical Address <i>3736 GLENWOOD</i>	Phone Number <i>208-658-6463</i>
Administrator <i>ERICA WOOD</i>	City <i>BOISE</i>	ZIP Code <i>83704</i>
Survey Team Leader <i>SAM BURBANK</i>	Survey Type <i>FLS</i>	Survey Date <i>11/5/15</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.01	1) Rm #8 USING (3) RELOCATABLE POWER TAPS - "DAISY CHAINED" TOGETHER 2) BOTH EMERGENCY LIGHT BATTERIES DEAD - NO 30 MIN MONTHLY & NO 90 MIN ANNUAL TESTING - DOCUMENTATION	12/15/15	SB
2	415.05	1) SPRINKLER PONDANT IN WATER HEATER/FURNACE CLOSET IS LEAKING & CORRODED 2) ANTI-FREEZE SOLUTION IS NOT DOCUMENTED OR KNOWN AS TO TYPE - PHIL REPORT 2015 3) ANTI-FREEZE BEING TESTED BY TEMPERATURE NOT PERCENTAGE 4) NO TAG ON RISER FOR ANTI-FREEZE CONCENTRATION	12/15/15	SB

Response Required Date <i>12/5/15</i>	Signature of Facility Representative <i>Junior Taylor for Erica Wood</i>	Date Signed <i>11/5/15</i>
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