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 9, 2015

Adi Mihalache, Administrator
Rampart Home Assisted Living
3824 North Rampart Street
Boise, ID 83704

License #: RC-867

Dear Mr. Mihalache:

On November 5, 2015, a Fire Life Safety Survey was conducted at Rampart Home Assisted 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, option 3.

Sincerely,

Fox

Sam Burbank
Health Facility Surveyor
Facility Fire Safety & Construction Program

SB/lj

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November 6, 2015

Adi Mihalache, Administrator
Rampart Home Assisted Living
3824 North Rampart Street
Boise, ID 83704

Dear Mr. Mihalache:

On November 5, 2015, a Fire Life Safety Survey was conducted at Rampart Home Assisted 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 December 5, 2015.

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

Sincerely,

Mark Grimes/lj

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

MPG/lj
Enclosure

NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Rampart Home Assisted Living	RC-867	3824 North Rampart Street	208-376-7290
Administrator	City	Zip Code	Survey Date
Adi Mihalache	Boise	83704	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	.415.02. Fuel-Fired Heating.	No annual fuel-fired heating inspection - Due 9/11/2015
1	.415.05. Automatic Fire Extinguishing System Service and Testing.	1) (3) sprinklers need replaced - (1) in Kitchen is loaded with grease and starting to corrode; (1) in bathroom is corroded; (1) in pantry is leaking and corroded. 2) No concentration of anti-freeze listed on current report; last annual test on the tag dated Sept. 21, 2011 - Propylene Glycol @ -12 degree @ 45%
2	.405.03. Medical Gases.	Oxygen cylinder unsecured in room next to living room.
3	.405.01. Electrical Installations and Equipment.	1) Room next to living room - Oxygen concentrator plugged into a relocatable power tap. Administrator corrected this and plugged it directly into the wall 11/5/15. 2) Room off main entry daisy-chained relocatable power tap running under bed.

HEALTH & WELFARE

Division of Licensing & Certification / DHW
P.O. Box 83720
Boise, ID 83720-0009
(208) 334-6626 fax: (208) 364-1888

Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
RAMPART HOME – BOISE	3824 NORTH RAMPART	208-376-7290
Administrator	**City**	**ZIP Code**
ADI MIHALACHE	BOISE	83704
Survey Team Leader	**Survey Type**	**Survey Date**
SAM BURBANK	FLS	11/5/15

RECEIVED DEC - 2 2015 FACILITY STANDARDS

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED
1	415.05	1) (3) SPRINKLERS NEED REPLACED – (1) IN KITCHEN IS LOADED WITH GREASE & STARTING TO CORRODE; (1) IN BATHROOM IS CORRODED (1) IN PANTRY IS LEAKING & CORRODED	
		2) NO CONCENTRATION OF ANTI-FREEZE NOT LISTED ON CURRENT REPORT LAST ANNUAL TEST ON TAG DATED SEPT. 21, 2011 – PROP. GLYCOL @ –12° @ 45%	
2	415.02	NO ANNUAL FUEL FIRED HEATING INSPECTION – DUE 9/11/14	
3	405.01	1) ROOM NEXT TO LIVING RM – OXYGEN CONCENTRATOR PLUGGED INTO RELOCATABLE POWER TAP	11/15/15
		2) RM OFF MAIN ENTRY DAISY-CHAINED RELOCATABLE POWER TAP – RUNNING UNDER BED	
4	405.03	OXYGEN CYLINDER UNSECURED IN ROOM NEXT TO LIVING ROOM	11/5/15

Response Required Date	Signature of Facility Representative
12/5/15	

THANK YOU!