



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

January 13, 2016

Amy Knapp, Administrator
Unique Senior Care
1639 Birch Avenue
Lewiston ID 83501

License #: RC-1040

Dear Ms. Knapp:

On December 1, 2015, a Fire Life Safety Survey was conducted at Unique Senior Care. 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 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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December 11, 2015

Amy Knapp, Administrator
Unique Senior Care
1639 Birch Avenue
Lewiston ID 83501

Dear Ms. Knapp:

On December 1, 2015, a Fire Life Safety Survey was conducted at Unique Senior Care. 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 January 1, 2016.

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
Unique Senior Care - Assisted Living	RC-1040	1639 Birch Avenue	208-746-1077
Administrator	City	Zip Code	Survey Date
Amy Knapp	Lewiston	83501	12/1/2015
Survey Team Leader	Survey Type	Response Due	
Burbank, Sam	Fire Life Safety and Sanitation Licensure		
Administrator Signature	Date Signed		

Item #	Rule	Description
1	16.03.22.415.03.e. Portable Fire Extinguisher Service and Testing.	No Monthly/Annual inspection of fire extinguishers
2	16.03.22.415.05. Automatic Fire Extinguishing System Service and Testing.	No current annual sprinkler inspection
3	16.03.22.410.02. Fire Drills.	Facility not conducting fire drills one per shift per quarter



Facility Name UNIQUE SENIOR CARE	Physical Address 1639 BIRCH AVE	Phone Number 208 746 1077
Administrator AMY KNAPP	City LEWISTON	ZIP Code 83501
Survey Team Leader Sam Burbank	Survey Type FLS	Survey Date 12/1/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	16.03.22 415.05	NO CURRENT ANNUAL SPRINKLER INSPECTION	1/11/16	S
2	415.03	NO MONTHLY/ANNUAL INSPECTION RECORD OF FIRE EXTINGUISHER	1/11/16	S
3	410.02	FACILITY NOT CONDUCTING FIRE DRILLS ONE PER SHIFT PER QUARTER	1/11/16	S

RESOLVED
12/11/2015
FACILITY COMPLIANT

Response Required Date 1/2/16	Signature of Facility Representative Amy Knapp	Date Signed 12-1-15
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