C.L. "BUTCH" OTTER, Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0009 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: <u>fsb@dhw.idaho.gov</u>

September 21, 2010

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

Dear Mr. Mihalache:

On September 14, 2010, a Fire Life Safety Survey was conducted at Clement 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.

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

Sincerely,

Mark P. GRIMES GERE

Supervisor

Facility Fire Safety & Construction Program

MPG/lj

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

01 - ENTIRE BUILDING

(X3) DATE SURVEY COMPLETED

13R941

A, BUILDING B. WING\_

09/14/2010

NAME OF PROVIDER OR SUPPLIER

**CLEMENT HOME ASSISTED LIVING** 

STREET ADDRESS, CITY, STATE, ZIP CODE

3909 WEST CLEMENT ROAD BOISE, ID 83704

BOISE, ID 83704				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments	R 000		
* * * * * * * * * * * * * * * * * * *	The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on September 14, 2010.		·	
	The surveyor conducting the survey was:	,		
112. ""	Eric Mundell REHS/RHSO Health Facility Surveyor	A PARTICIPATION OF THE PARTICI		
()	Facility Fire/Life Safety & Construction Program	n		
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		ASSESSMENT OF THE PROPERTY OF		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE