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: fsb@dhw.idaho.gov

December 16, 2010

Alina Pica, Administrator Advanced Assisted Living 601 West Blaine Avenue Nampa, ID 83651

License #: RC-943

Dear Ms. Pica:

On November 15, 2010, a Fire Life Safety Survey was conducted at Advanced 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 Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY Health Facility Surveyor

Facility Fire Safety & Construction Program

TB/lj

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

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November 23, 2010

Alina Pica, Administrator Advanced Assisted Living 601 West Blaine Avenue Nampa, ID 83651

Dear Ms. Pica:

On November 15, 2010, a Fire Life Safety Survey was conducted at Advanced 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 15, 2010.

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

Sincerely,

MARK P. GRIMES

Supervisor

Facility Fire Safety & Construction Program

MPG/li

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION COMPLETED A. BUILDING 01 - ENTIRE BUILDING B. WING __ 13R943 11/15/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADVANCED ASSISTED LIVING		601 WEST BLAINE AVENUE NAMPA, ID 83651			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EÀCH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	R 000 Initial Comments		R 000		
,	The facility was found to be in substantial compliance with the life safety code request of the Rules for Residential or Assisted Facilities in Idaho. No core deficiencies cited during the standard life safety code conducted on November 15, 2010.	uirements Living were			1 ; 12
	The surveyor conducting the survey was	s:			, , , ,
,	Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction				
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	cility Standards				

Bureau of Facility Standards

TITLE

(X6) DATE



MEDICAID L & C - RALF PROGRAM P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

Date Signed

11-15-2010

PAGE 2/5 * RCVD AT 12/15/2010 8:45:49 AM [Mountain Standard Time] * SVR:DHWRIGHTFAX/0 * DNI8:1888 * CSID:12084613216 * DURATION (mm·ss):01-44

Facility Name Physical Address Phone Number Advanced Assisted Living 208-461-3316 601 West Blaine Ave NAMPA Survey Type AliNA 83651 BARKLEY 11-15-10 **NON-CORE ISSUES** ITEM RULE# DESCRIPTION DATE L&C 16.03.22 RESOLVED USE 405,05 The emergency lights by the front door and the TV room do Not Work. 3-14-10 There is a portable space heater in the laundry room with the power cord running 405,05F through the doorway to the garage. 12-14-10 the facility does not have a telephone that will provide for resident privacy. 12-14-10

Viorez lovery

Response Required Date

12-15-10

Signature of Facility Representative