



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

January 24, 2011

Trista Wolfe, Administrator
Quaker Ridge
2087 South Tollgate Way
Boise, Idaho 83709

License #: RC-563

Dear Ms. Wolfe:

On January 3, 2011, a Fire Life Safety Survey was conducted at Quaker Ridge. 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

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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January 13, 2011

Trista Wolfe, Administrator
Quaker Ridge
2087 South Tollgate Way
Boise, Idaho 83709

Dear Ms. Wolfe:

On January 3, 2011, a Fire Life Safety Survey was conducted at Quaker Ridge. 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 February 3, 2011.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Mark P. Grimes". The signature is fluid and cursive, with a long horizontal stroke at the end.

MARK P. GRIMES
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: 13R563	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 01/03/2011
NAME OF PROVIDER OR SUPPLIER QUAKER RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 3749 QUAKER RIDGE DRIVE MERIDIAN, ID 83642		
(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	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the life safety code requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard life safety code survey conducted on January 3, 2011.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Quaker Ridge	Physical Address 3749 Quaker Ridge Dr.	Phone Number 208-895-8819
Administrator Trista Wolfe	City Meridian ID	ZIP Code 83642
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 1-3-11

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.02	The last fuel fired heating inspection was JANUARY 29, 2009.	1-18-11	
		See report of furnace inspection		
		* Back door was repaired (new door knob)		
		<i>Trista Wolfe Admin.</i>		
		RECEIVED		
		JAN 21 2011		
		FACILITY STANDARDS		

Response Required Date 2-3-11	Signature of Facility Representative <i>Donna Graves</i>	Date Signed 1-3-11
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