



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

March 25, 2013

Brennen Meras, Administrator
Golden Years, Inc.
P.O. Box 1496
Meridian, ID 83680

License #: RC-983

Dear Mr. Meras:

On February 7, 2013, a Fire Life Safety Survey was conducted at Beehive Homes - Maryland / Golden Years, Inc. 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 me at (208) 334-6626.

Sincerely,

Taylor Barkley
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/nm

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



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

February 12, 2013

Brennen Meras, Administrator
Golden Years, Inc.
P.O. Box 1496
Meridian, ID 83680

Dear Mr. Meras:

On February 7, 2013, a Fire Life Safety Survey was conducted at Beehive Homes - Maryland / Golden Years, Inc. 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 March 7, 2013.

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 line extending to the right.

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

MPG/nm
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R983	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2013
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES - MARYLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 612 EAST MARYLAND AVENUE NAMPA, ID 83686
---	--

(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 February 7, 2013.</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 Beehive Homes Maryland	Physical Address 612 E Maryland Ave	Phone Number 208-466-1641
Administrator Brennen Meras	City Nampa Id	ZIP Code 83686
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 2-7-13

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.01	The emergency light by room #12 does not work.	3-1-13	7B
2	750.01	The facility does not have documented fire drills for the previous twelve month period	2-21-13	7B
3	410.01	The facility does not have a written agreement for relocation for 13 residents.	3-21-13	
4	415.04	The last documented annual fire alarm inspection was 3-18-11.	2-28-13	7B
		Items # 2, 3 And 4 are repeat deficiencies that were previously cited on 3-14-11.		

Response Required Date 3-7-13	Signature of Facility Representative Brennen Meras	Date Signed
----------------------------------	---	-------------