



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](mailto:fsb@dhw.idaho.gov)

March 24, 2011

Becky Aubertin, Administrator  
Plantation Place Retirement & Assisted Living  
3921 Kessinger Lane  
Boise, Idaho 83703

License #: RC-532

Dear Ms. Aubertin:

On March 10, 2011, a Fire Life Safety Survey was conducted at Plantation Place Retirement & 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

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



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March 16, 2011

Becky Aubertin, Administrator  
Plantation Place Retirement & Assisted Living  
3921 Kessinger Lane  
Boise, Idaho 83703

Dear Ms. Aubertin:

On March 10, 2011, a Fire Life Safety Survey was conducted at Plantation Place Retirement & 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 April 10, 2011.

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/lj

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R532</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>PLANTATION PLACE RETIREMENT &amp; ASSIST</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3921 KESSINGER LANE BOISE, ID 83703</b>		
(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  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 March 10, 2011.  The surveyor conducting the survey was:  Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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

Facility Name <b>Plantation Place</b>	Physical Address <b>3921 KESSINGER LANE</b>	Phone Number <b>208-853-7300</b>
Administrator <b>Becky Aubertin</b>	City <b>Boise, Id</b>	ZIP Code <b>83703</b>
Survey Team Leader <b>Taylor Barkley</b>	Survey Type <b>1 of 2</b>	Survey Date <b>3-10-11</b>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	404.01	There is a transfer grille in the wall from the corridor to the maintenance office.	3/16/11	
2	404.01	The following doors have drop down door stops installed on them; mechanical rooms by rooms # 33, 37, The oxygen transfilling room, Activities office, maintenance office, mechanical room by the salon, Dietary office, care coordinators office, and the administrators office.	3/12/11	
3	404.01	The oxygen transfilling room does not have concrete or ceramic tile floor, signage, or a self closing door.	3/14/11	

Response Required Date <b>4-10-11</b>	Signature of Facility Representative <i>Jeanne Shum</i>	Date Signed <b>03/10/11</b>
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RECEIVED  
MAR 17 2011

FACILITY STANDARDS



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HEALTH & WELFARE

MEDICAID L & C - RALF PROGRAM  
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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <b>Plantation Place</b>	Physical Address <b>3921 Kessinger Lane</b>	Phone Number <b>208-853-7300</b>
Administrator <b>Becky Aubertin</b>	City <b>Boise, Id</b>	ZIP Code <b>83703</b>
Survey Team Leader <b>Taylor Barkley</b>	Survey Type <b>2 of 2</b>	Survey Date <b>3-10-11</b>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
4	404.01	The laundry room door does not self close.	3/16/11	
5	404.01	The sprinkler system is not being inspected on a quarterly basis.	3/16/11	
6	404.01	The facility does not have a record of smoke detector sensitivity testing.	3/15/11	

Response Required Date <b>4-10-11</b>	Signature of Facility Representative <i>Jeanine Shuman</i>	Date Signed <b>03/10/11</b>
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