



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

April 22, 2013

Leslie Erfurth, Administrator
Ivy Place Residence - Ivy Place Inc.
1307 North 25th Street
Boise, ID 83702

License #: RC-685

Dear Ms. Erfurth:

On March 18, 2013, a Fire Life Safety Survey was conducted at Ivy Place Residence - Ivy Place 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



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March 20, 2013

CERTIFIED MAIL #: 4012 1010 0002 0836 1376

Leslie Erfurth, Administrator
Ivy Place Residence - Ivy Place, Inc.
1307 North 25th Street
Boise, ID 83702

Dear Ms. Erfurth:

On **March 18, 2013**, a life safety code follow-up/revisit survey was conducted by our staff at Ivy Place Residence - Ivy Place, Inc. As a result of the survey, non-core issue deficiencies were cited and another copy of the punchlist was left with you at the time of the follow-up visit.

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 18, 2013**.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,

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

MPG/nm
Enclosure



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February 12, 2013

Leslie Erfurth, Administrator
Ivy Place Residence - Ivy Place, Inc.
1307 North 25th Street
Boise, ID 83702

Dear Ms. Erfurth:

On February 6, 2013, a Fire Life Safety Survey was conducted at Ivy Place Residence - Ivy Place 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 6, 2013.

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/nm
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R685	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED R 03/18/2013
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NAME OF PROVIDER OR SUPPLIER IVY PLACE RESIDENCE - IVY PLACE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1307 NORTH 25TH STREET BOISE, ID 83702
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(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
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{R 000}	<p>Initial Comments</p> <p>A life safety code survey was conducted at your residential care/assisted living facility on February 6, 2013, where non-core items were cited. Non-resolution of deficiencies resulted in a follow-up survey conducted on March 18, 2013, which identified repeat non-core deficiencies.</p> <p>The surveyor conducting the follow up survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction</p>	{R 000}		
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Bureau of Facility Standards

TITLE

(X6) DATE

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R685	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2013
NAME OF PROVIDER OR SUPPLIER IVY PLACE RESIDENCE - IVY PLACE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1307 NORTH 25TH STREET BOISE, ID 83702		
(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 6, 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 <u>Ivy Place Residence</u>	Physical Address <u>1307 N. 25th st</u>	Phone Number <u>208-426-8033</u>
Administrator <u>Leslie Erfurth</u>	City <u>Boise Id</u>	ZIP Code <u>83702</u>
Survey Team Leader <u>Taylor Barkley</u>	Survey Type <u>FLS Follow Up</u>	Survey Date <u>3-18-13</u>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	750.01	The facility does not have written documentation of fire drills for the previous twelve months.	3-27-13	7B
2	750.06	The facility does not have a documented annual sprinkler system inspection in the facility.	4-28-12	7B
3	450.05F	The facility is using a portable electric fireplace heater in the living room.	4-17-13	7B
		Items #1, 2 and 3 are repeat non core deficiencies previously cited during a Fire Life Safety survey on 2-6-2013		

Response Required Date <u>4-18-13</u>	Signature of Facility Representative <u>Lana B...</u>	Date Signed <u>3-18-13</u>
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Facility Name Ivy Place Residence	Physical Address 1307 N 25th St.	Phone Number 208-426-8033
Administrator Leslie Erfurth	City Boise Id	ZIP Code 83702
Survey Team Leader Taylor BARKLEY	Survey Type	Survey Date 2-6-13

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	750.01	The facility does not have written documentation of fire drills for the previous twelve months.	3-27-13	7B
2	750.06	The facility does not have a documented Annual sprinkler system inspection in the facility.	4-28-12	7B
3	405.05F	The facility is using a portable electric fireplace heater in the living room.	4-17-13	7B

Response Required Date 3-6-13	Signature of Facility Representative KIM E. NAW	Date Signed 2-6-13
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