



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

May 8, 2013

Nathaniel Knowles, Administrator
Heritage Assisted Living of Boise
1777 South Curtis Road
Boise, ID 83705

License #: RC-981

Dear Mr. Knowles:

On March 29, 2013, a Fire Life Safety Survey was conducted at Heritage Assisted Living of Boise - Heritage Assisted Living, 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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April 4, 2013

Nathaniel Knowles, Administrator
Heritage Assisted Living of Boise
1777 South Curtis Road
Boise, ID 83705

Dear Mr. Knowles:

On March 29, 2013, a Fire Life Safety Survey was conducted at Heritage Assisted Living of Boise - Heritage Assisted Living, 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 April 28, 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: 13R981	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2013
NAME OF PROVIDER OR SUPPLIER HERITAGE ASSISTED LIVING OF BOISE		STREET ADDRESS, CITY, STATE, ZIP CODE 1777 S CURTIS RD BOISE, ID 83705		
(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 March 29, 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

STATE FORM

6899

JUQS21

If continuation sheet 1 of 1



Facility Name Heritage Assisted Living	Physical Address 1777 S. Curtis	Phone Number 208-376-4191
Administrator NATHANIEL Knowles	City Boise Id	ZIP Code 83705
Survey Team Leader Taylor Barkley	Survey Type 1 of 2	Survey Date 3-29-13

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	404.01	The electrical and Central Supply room does not have a self closing door installed in the corridor wall.	4-29-13	7B
2	405.06	The Alzheimers yard is open to an irrigation ditch without any fencing installed.	4-29-13	7B
3	405.01	There is a relocatable power tap supplying power to another relocatable power tap that is powering a popcorn machine in the television room.	3-29-13	7B
4	404.01	The facility did not document a 30 minute generator load test for the month of February 2013.	4-24-13	7B
5	404.01	The facility did not document emergency light testing of 30 seconds a month or 90 minutes once a year for the previous year.	4-16-13	7B

Response Required Date 4-29-13	Signature of Facility Representative 	Date Signed 3/29/13
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Facility Name Heritage Assisted Living	Physical Address 1777 S. Curtis	Phone Number 208-376-4191
Administrator Nathaniel Knowles	City Boise Id	ZIP Code 83765
Survey Team Leader Taylor Barkley	Survey Type 2 of 2	Survey Date 3-29-13

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
6	404.01	The kitchen hood has not been cleaned or inspected on a bi-annual basis.	4-24-13	TB
7	404.01	The last documented 5 year automatic fire sprinkler system inspection was on March 5, 2008.	4-19-13	TB
8	415.04	The facility is not documenting monthly tests and inspections of the fire alarm system.	4-19-13	TB
9	410.02	The facility did not conduct one drill per shift per quarter. This is a Repeat Deficiency previously cited on September 12, 2011.	4-19-13	TB

Response Required Date 4-29-13	Signature of Facility Representative 	Date Signed 3/29/13
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