



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

July 9, 2012

Lisa Fay, Administrator
Touchmark at Meadowlake Village
650 South Arbor Lane
Meridian, Idaho 83642

License #: RC-894

Dear Ms. Fay:

On May 1, 2012, a Fire Life Safety Survey was conducted at Touchmark at Meadowlake Village. 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 Tom Mroz, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TOM MROZ
Health Facility Surveyor
Facility Fire Safety & Construction Program

TM/lj

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



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May 3, 2012

Lisa Fay, Administrator
Touchmark at Meadowlake Village
650 South Arbor Lane
Meridian, Idaho 83642

Dear Ms. Fay:

On May 1, 2012, a Fire Life Safety Survey was conducted at Touchmark at Meadowlake Village. 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 May 31, 2012.

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: 13R894	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2012
NAME OF PROVIDER OR SUPPLIER TOUCHMARK AT MEADOWLAKE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 650 SOUTH ARBOR LANE 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 May 1, 2012.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz CFI-II 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 <i>Touchmark</i>	Physical Address <i>4037 E CLOCKTOWER LA</i>	Phone Number <i>208-319-5400</i>
Administrator <i>LISA R. FAY</i>	City <i>MERIDIAN, ID</i>	ZIP Code <i>83642</i>
Survey Team Leader <i>TOM MAOZ</i>	Survey Type <i>FIRE - LIFE SAFETY</i>	Survey Date <i>5-1-12</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
	16.03.22			
<i>1</i>	<i>402</i>	<i>FIRE & LIFE SAFETY STANDARDS FOR BUILDINGS HOUSING 16 OR MORE RESIDENTS AND MULTI STORY BUILDINGS. MUST COMPLY WITH REQUIREMENTS OF NFPA 101 LIFE SAFETY CODE 2000 EDITION, CHAPTER 18 FOR NEW HEALTH CARE OCCUPANCIES.</i>	<i>6-29-12</i>	
	<i>A)</i>	<i>2ND FLOOR SOUTHWEST CROSS-CORRIDOR DOOR WOULD NOT SHUT TIGHT</i>	<i>5-1-12</i>	<i>TM</i>
	<i>B)</i>	<i>FIRE / SMOKE DAMPER TESTING REQUIRED EVERY 4 YEARS. FACILITY UNABLE TO DOCUMENT TESTING.</i>	<i>7-1-12</i>	<i>TM</i>
	<i>C)</i>	<i>1ST FLOOR / WEST ARCADE CROSS CORRIDOR DOOR CEILING OPEN 6" x 4" PENETRATION OF 2 HOUR WALL, (NEXT TO CONFERENCE ROOM)</i>	<i>5-25-12</i>	<i>TM</i>

Response Required Date <i>6-1-12</i>	Signature of Facility Representative <i>[Signature] administrator</i>	Date Signed <i>5/1/12</i>
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