



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

August 15, 2012

Lisa Moore, Administrator
Assisted Living on Shamrock
9766 West Mossy Cup Street
Boise, Idaho 83709

License #: RC-547

Dear Mrs. Moore:

On May 16, 2012, a Fire Life Safety Survey was conducted at Assisted Living on Shamrock. 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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May 23, 2012

Lisa Moore, Administrator
Assisted Living on Shamrock
9766 W. Mossy Cup St.
Boise, Idaho 83709

Dear Ms. Moore:

On May 16, 2012, a Fire Life Safety Survey was conducted at Assisted Living on Shamrock. 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 June 16, 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/aj

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R547	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2012
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NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING ON SHAMROCK	STREET ADDRESS, CITY, STATE, ZIP CODE 2716 SHAMROCK AVENUE NAMPA, ID 83686
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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>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 16, 2012.</p> <p>The surveyor conducting the 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



Facility Name Assisted Living on Shamrock	Physical Address 2716 Shamrock Ave	Phone Number 208-465-5923
Administrator Lisa Moore	City Nampa, Id	ZIP Code 83686
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 5-16-12

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	403.01	The door to the basement is missing a hinge AND does not self close	8-14-12	TB
2	405.05	The smoke detector in room #1 is hanging down from the ceiling	8-14-12	TB
3	405.01	There is a power strip supplying power to an extension cord which is supplying power to another power strip with the cord running through the wall for a television in the basement.	8-14-12	TB
4	405.01	There is an extension cord supplying power to a power strip for a printer in the staff living quarters.	8-14-12	TB

Response Required Date 6-16-12	Signature of Facility Representative <i>[Signature]</i>	Date Signed 5-16-2012
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