



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)

August 1, 2012

Shantel Yogerst, Administrator  
Grace Assisted Living at Englefield Green  
250 S Allumbaugh Way  
Boise, Idaho 83709

License #: RC-989

Dear Ms. Yogerst:

On July 5, 2012, a Fire Life Safety Survey was conducted at Grace Assisted Living at Englefield Green. 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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July 10, 2012

Shantel Yogerst, Administrator  
Grace Assisted Living at Englefield Green  
250 South Allumbaugh Way  
Boise, Idaho 83709

Dear Ms. Yogerst:

On July 5, 2012, a Fire Life Safety Survey was conducted at Grace Assisted Living at Englefield Green. 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 August 5, 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:  <b>13R989</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/05/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRACE ASSISTED LIVING AT ENGLEFIELD Gf</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 S ALLUMBAUGH WAY BOISE, ID 83709</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	<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 July 5, 2012.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <b>Grace at Englefield</b>	Physical Address <b>250 S Allumbaugh</b>	Phone Number <b>208-322-8080</b>
Administrator <b>Shantel Yogerst</b>	City <b>Boise Id</b>	ZIP Code <b>83709</b>
Survey Team Leader <b>Taylor Barkley</b>	Survey Type	Survey Date <b>7-5-12</b>

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	402	The kitchen hood is not being inspected and or cleaned on a bi-annual basis.	7-11-12	

**RECEIVED**  
JUL 18 2012

**FACILITY STANDARDS**

Response Required Date <b>8-5-12</b>	Signature of Facility Representative 	Date Signed <b>7-5-12</b>
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