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

October 26, 2012

Scott Jenkins, Administrator
Diamond View Assisted Living Community
3570 East Amity Road
Meridian, Idaho 83642

License #: RC-726

Dear Mr. Jenkins:

On September 5, 2012, a Fire Life Safety Survey was conducted at Diamond View Assisted Living Community. 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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September 10, 2012

Scott Jenkins, Administrator
Diamond View Assisted Living Community
3570 East Amity Road
Meridian, Idaho 83642

Dear Mr. Jenkins:

On September 5, 2012, a Fire Life Safety Survey was conducted at Diamond View Assisted Living Community. 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 October 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

ureau of Facility Standards

ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R726	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/05/2012
NAME OF PROVIDER OR SUPPLIER DIAMOND VIEW ASSISTED LIVING COMMUNI	STREET ADDRESS, CITY, STATE, ZIP CODE 3570 EAST AMITY ROAD 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	Initial Comments 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 September 5, 2012. The surveyor conducting the survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction	R 000		

eau of Facility Standards

TITLE (X6) DATE

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

MEDICAID L & C – RALF PROGRAM
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Diamond View Assisted Living	3570 E Amity Road	208-888-7030
Administrator	**City**	**ZIP Code**
Scott Jenkins	Meridian Id	83642
Survey Team Leader	**Survey Type**	**Survey Date**
Taylor Barkley		9-5-12

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	402	The Kitchen hood in building #4 is not being inspected and or cleaned on a bi-annual basis.	9-21-12	
2	402	The sprinkler system in building #4 is not being inspected on a Quarterly basis.	10-2-12	
3	402	The emergency lights in building #4 are not being tested for 30 seconds a month or 90 minutes once a year.	9-15-12	
4	405	There is a relocateable power tap that is supplying another relocateable power tap and an extension cord which is supplying power to another relocateable power tap under the fish tank in building #4.	10-5-12	TB
5.	403.02	There is one painted sprinkler head in the hallway by the Kitchen closet and two painted sprinkler heads in the dining room of building #3.	9-25-12	

Response Required Date	Signature of Facility Representative	Date Signed
10-5-12		9-5-2012