



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

November 7, 2012

Kimberly Phelan, Administrator
Applewood Assisted Living
4345 South Varian Ave
Boise, Idaho 83709

License #: RC-939

Dear Ms. Phelan:

On October 4, 2012, a Fire Life Safety Survey was conducted at Applewood Assisted Living - Hawthorne 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.

Please bear in mind that you will still need to submit evidence of resolution for punchlist item #1, IDAPA Rule# 16.03.22.405.07. There was an extension granted on this item. The new due date is November 30, 2012.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Taylor Barkley". The signature is written in a cursive, flowing style.

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program



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October 9, 2012

Ashley Lairson, Administrator
Applewood Assisted Living
4345 South Varian Avenue
Boise, Idaho 83709

Dear Ms. Lairson:

On October 4, 2012, a Fire Life Safety Survey was conducted at Applewood Assisted Living -- Hawthorne 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 November 4, 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: 13R939	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2012
NAME OF PROVIDER OR SUPPLIER APPLEWOOD ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 779 TENNYSON WAY BOISE, ID 83709		
(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 October 4, 2012.</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



Facility Name Applewood Assisted Living	Physical Address 779 Tennyson Way	Phone Number 208-377-1656
Administrator Ashley Lairson	City Boise, Id	ZIP Code 83709
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 10-4-12

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	405.07	All three exit doors are equipped with magnetic door locks that are not delayed egress.		
2	415.03	The portable fire extinguishers are not being inspected on a monthly basis.	10-4-12	
3	415.01	The sprinkler head in the closet of Room 8 is leaking.	10-4-12	
4	415.01	The sprinkler heads in the common bathing room, office and the closet in the office have been pushed down from the ceiling.	10-8-12	
5	250	The facility added magnetic door locks without approval of the Department.		

Response Required Date

11-4-12

Signature of Facility Representative

A. J. Jansen

RECEIVED

NOV 02 2012

Date Signed

10-4-12