



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

Mark Phelan, Administrator
Park Center Assisted Living
1212 Longmont Avenue
Boise, ID 83706

License #: RC-810

Dear Mr. Phelan:

On October 5, 2012, a Fire Life Safety Survey was conducted at Park Center Assisted Living. 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.

Please bear in mind that you will still need to submit evidence of resolution for punchlist items #1, #5 and #6. Extensions were granted on these items. 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,

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj



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October 10, 2012

Mark Phelan, Administrator
Park Center Assisted Living
1212 Longmont Avenue
Boise, Idaho 83706

Dear Mr. Phelan:

On October 5, 2012, a Fire Life Safety Survey was conducted at Park Center Assisted Living. 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 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: 13R810	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2012
NAME OF PROVIDER OR SUPPLIER PARK CENTER ASSISTED LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1212 LONGMONT AVENUE BOISE, ID 83706		
(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 5, 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 Park Center Assisted Living	Physical Address 1212 Longmont Ave	Phone Number 208-343-0832
Administrator Mark Phelan	City Boise Id	ZIP Code 83706
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 10-5-12

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.05	The window in the living room is broken with running cracks and sharp edges. The window will need to be replaced.		
2	750.03	The Administrator does not have a copy of an annual fuel fired heating inspection.	10-8-12	
3	410.02	The facility did not conduct one drill per shift per quarter.	10-5-12	
4	415.04	The facility is not inspecting and testing the fire alarm system on a monthly basis.	10-5-12	
5	250.13	The window screen frame in room #1 is bent and broken in multiple places.		
6	405.05	The window in room #8 is broken with running cracks and will need to be replaced.		

RECEIVED
NOV 02 2012

FACILITY STANDARDS

Response Required Date 11-5-12	Signature of Facility Representative <i>[Handwritten Signature]</i>	Date Signed 10-5-2012
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