



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

December 14, 2011

Heidi Brough Nye, Administrator
Park Place Assisted Living Community, Inc.
616 16th Avenue North
Nampa, Idaho 83687

License #: RC-809

Dear Mrs. Brough-Nye:

On November 4, 2011, a Fire Life Safety Survey was conducted at Park Place Assisted Living Community, Inc. 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 Eric Mundell, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

Eric Mundell
Health Facility Surveyor
Facility Fire Safety & Construction Program

EM/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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November 22, 2011

Heidi Brough Nye, Administrator
Park Place Assisted Living Community, Inc.
616 16th Avenue North
Nampa, Idaho 83687

Dear Ms. Brough Nye:

On November 4, 2011, a Fire Life Safety Survey was conducted at Park Place Assisted Living Community, 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 December 4, 2011.

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: 13R809	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2011
NAME OF PROVIDER OR SUPPLIER PARK PLACE ASSISTED LIVING COMMUNITY,		STREET ADDRESS, CITY, STATE, ZIP CODE 616 16TH AVENUE NORTH NAMPA, ID 83687		
(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 fire and life safety requirements of IDAPA 16.03.22 Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on November 4, 2011. The surveyor conducting the survey was: Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety & Construction Program	R 000		

Bureau of Facility Standards

TITLE

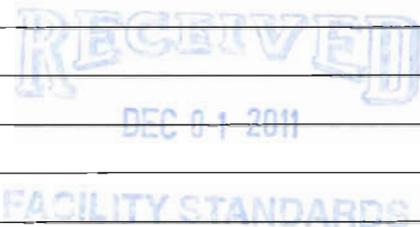
(X6) DATE

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



Facility Name <i>Park Place</i>	Physical Address <i>6016 16th Avenue N</i>	Phone Number <i>465 7275</i>
Administrator <i>Heidi Nye</i>	City <i>Nampa</i>	ZIP Code <i>83</i>
Survey Team Leader <i>Erin Mundell</i>	Survey Type <i>FLS</i>	Survey Date <i>11/4/11</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	415.05	Fire Extinguishing System: The 5-year inspection of the Fire Sprinkler System is overdue.	11/10/2011	
2	415.01	Maintenance: Quick Response Sprinkler heads are not placed in sprinkler box - they do not match rest of building	11/15/2011	
3	415.01	Maintenance: Gypsum board is broken in attic access in the laundry room.	11/4/2011	
				

Response Required Date <i>December 4, 2011</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>11/4/11</i>
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