



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)

December 27, 2011

Erica Weber, Administrator  
Glenwood House  
4660 Hatchery  
Eagle, Idaho 83616

License #: RC-909

Dear Ms. Weber:

On November 22, 2011, a Fire Life Safety Survey was conducted at Glenwood House. 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,

A handwritten signature in black ink that reads "Eric Mundell". The signature is written in a cursive, flowing style.

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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December 1, 2011

Erica Weber, Administrator  
Glenwood House  
4660 Hatchery  
Eagle, Idaho 83616

Dear Ms. Weber:

On November 22, 2011, a Fire Life Safety Survey was conducted at Glenwood House, Llc. 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 22, 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:  <b>13R909</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/22/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GLENWOOD HOUSE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3736 GLENWOOD BOISE, ID 83704</b>
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(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><b>Initial Comments</b></p> <p>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 22, 2011.</p> <p>The surveyor conducting the survey was:</p> <p><b>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety &amp; Construction Program</b></p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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

