



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)

May 13, 2013

Melissa Wolfe, Administrator  
Hillcrest Manor, LLC  
4660 Hatchery Road  
Eagle, ID 83616

License #: RC-910

Dear Ms. Wolfe:

On April 17, 2013, a Fire Life Safety Survey was conducted at Hillcrest Manor, LLC. 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.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

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

TAYLOR BARKLEY  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/nm



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April 22, 2013

Melissa Wolfe, Administrator  
Hillcrest Manor, LLC  
4660 Hatchery Road  
Eagle, ID 83616

Dear Ms. Wolfe:

On April 17, 2013, a Fire Life Safety Survey was conducted at Hillcrest Manor, 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 May 17, 2013.

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/nm  
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R910</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - ENTIRE BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>HILLCREST MANOR, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3901 WEST HILLCREST DRIVE BOISE, ID 83705</b>		
(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 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 April 17, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X8) DATE

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R910	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  04/17/2013
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NAME OF PROVIDER OR SUPPLIER  HILLCREST MANOR, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3901 WEST HILLCREST DRIVE BOISE, ID 83705
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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 April 17, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	R 000	<p style="text-align: center;">RECEIVED MAY 02 2013 FACILITY STANDARDS</p>	
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Bureau of Facility Standards	LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Facility Name Hillcrest Manor	Physical Address 3901 W. Hillcrest Dr.	Phone Number 208-424-0618
Administrator Melissa Wolfe	City Boise Id	ZIP Code 83705
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 4-17-13

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.05	The last Annual Automatic fire sprinkler system inspection was on December 7, 2011.	4-25-13	7B
2	415.04	The last Annual fire Alarm inspection was on December 7, 2011.	4-25-13	7B
3	415.03	The last Annual portable fire extinguisher service was in February 2012.	4-25-13	7B
4	401.01	There is a transfer grille in the wall to the furnace room.	5-10-13	7B
5	401.01	There are 4 transfer grilles in the lower part of the wall by room #2.	5-10-13	7B

Response Required Date 5-17-13	Signature of Facility Representative 	Date Signed 4/17/13
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