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

June 12, 2014

Daniela Retegan, Administrator
Aging Gracefully Assisted Living
3989 East Winterberry Drive
Nampa, ID 83687

License #: RC-920

Dear Ms. Retegan:

On May 30, 2014, a Fire Life Safety Survey was conducted at Aging Gracefully 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.

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

Sincerely,

SAM BURBANK
Health Facility Surveyor
Facility Fire Safety & Construction Program

SB/lj

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June 4, 2014

Daniela Retegan, Administrator
Aging Gracefully Assisted Living
3989 East Winterberry Drive
Nampa, ID 83687

Dear Ms. Retegan:

On May 30, 2014, a Life Safety Code,state Licensure survey was conducted at Aging Gracefully Assisted Living.

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 four (4) non-core issue deficiencies were identified on the punch list and two (2) were identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than June 30, 2014.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

a. Issuance of a provisional license
b. Limitations of admissions to the facility
c. Hiring a consultant who submits periodic reports to the Licensing and Certification
d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626.

Sincerely,

MARK P. GRIMES
Program Supervisor
Facility Fire Safety & Construction Program

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED
	13R920		05/30/2014

NAME OF PROVIDER OR SUPPLIER
AGING GRACEFULLY ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
3989 EAST WINTERBERRY DRIVE
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 May 30, 2014. The surveyor conducting the survey was: Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & Construction Program	R 000		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
Division of Licensing & Certification / DHW
P.O. Box 83720
Boise, ID 83720-0009
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
AGING GRACEFULLY ASSISTED LIVING	3989 E. WINTERBERRY	208-461-7822
Administrator	**City**	**ZIP Code**
DANIELA RETEGAN	NAMPA	83687
Survey Team Leader	**Survey Type**	**Survey Date**
Sam Pumbaugh	FLS	5/30/14

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED
1	405.05	EMERGENCY LIGHT @ FRONT DOOR NOT OPERATIONAL	6-2-14
2	415.02	INSPECTION FOR FUEL FIRED HEATING PAST DUE — DUE IN 3/5/14	6-4-14
3	410.02	FIRE DRILLS NOT PERFORMED 1 PER SHIFT PER QUARTER Repeat	6-3-14
4	750.01	ADMINISTRATOR DID NOT ASSURE FIRE DRILLS PERFORMED 1 PER SHIFT PER QUARTER Repeat	6-5-14

RECEIVED
JUN 11 2014
FACILITY STANDARDS

Response Required Date: 6/30/14

Signature of Facility Representative: [signature]