



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 20, 2014

Trista Wolfe, Administrator
Pennsylvania Place
2087 South Tollgate Way
Boise, ID 83709

Dear Ms. Wolfe:

On June 11, 2014, a Fire Life Safety Survey was conducted at Pennsylvania Place. 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 July 11, 2014.

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: 13R904	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PENNSYLVANIA PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 809 EAST PENNSYLVANIA 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

Initial Comments

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 June 11, 2014.

The surveyor conducting the survey was:

Dan Holbrook
Health Facility Surveyor
Division of Building Safety

R 000

Bureau of Facility Standards

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

TITLE

(X6) DATE



Facility Name <i>Pennsylvania Place</i>	Physical Address <i>809 E Pennsylvania Blvd</i>	Phone Number <i>(208) 424-6098</i>
Administrator <i>Trista Wolfe</i>	City <i>Boise</i>	ZIP Code <i>83706</i>
Survey Team Leader <i>Dan Holbrook</i>	Survey Type <i>F.L.S.</i>	Survey Date <i>6/11/2014</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1.	415.02	Fuel Fired Heating Equipment - No Documentation Of Inspection. Last Is Dated 4/11/13.	6-17-14
2.	405.01	Coffee Pot Was Plugged Into Power Strip Rm 7	7-10-14
3.	405.01.6	Multiplug Adapter Revealed In Rm "Kelly".	7-10-14
4.	415.01	"David" Room Closet Door Off Its Hinges.	7-10-14
5.	415.01	"Kelly" Room Latch Side Door Trim Is Missing	7-10-14
6.	415.01	"David" Room Latch Side Door Trim Is Missing	7-10-14
7.	415.01	"Titus" Corridor Door Fails To Latch.	7-10-14
8.	415.05		
	NFPA 101		
8	33.2.2.5.5 405.07	Corridor Bedroom Doors - Multiple - Have Locks Rm #2 Was Locked, House Mgr Had To Search For The Key.	
9.	16.03.22 415.01	Sprinkler Head In Furnace/Hot Water Heater Room Has Dropped	7-10-14
10.	405.01	Junction Box, Top Of Water Heater Is Missing A Cover.	7-10-14

Response Required Date

Signature of Facility Representative

7/11/2014

[Handwritten Signature]