



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

July 25, 2013

Lisa Fay, Administrator
Touchmark at Meadowlake Village
650 South Arbor Lane
Meridian, ID 83642

License #: RC-894

Dear Ms. Fay:

On June 21, 2013, a Fire Life Safety Survey was conducted at Touchmark at Meadowlake Village-Touchmark of The Treasure Valley, 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,

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/nm



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June 27, 2013

Lisa Fay, Administrator
Touchmark at Meadowlake Village
650 South Arbor Lane
Meridian, ID 83642

Dear Ms. Fay:

On June 21, 2013, a Fire Life Safety Survey was conducted at Touchmark at Meadowlake Village-Touchmark of The Treasure Valley, 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 July 19, 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: 13R894	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2013
NAME OF PROVIDER OR SUPPLIER TOUCHMARK AT MEADOWLAKE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 650 SOUTH ARBOR LANE MERIDIAN, ID 83642		
(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>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 June 21, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

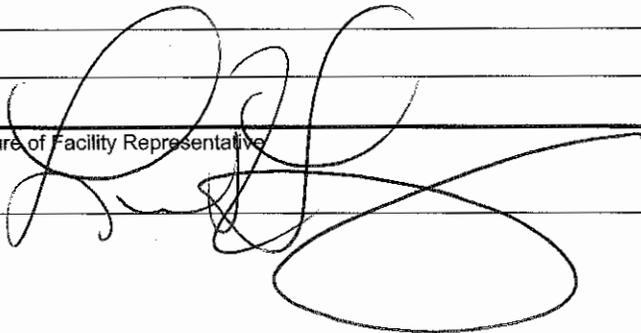
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



Facility Name Touchmark At Meadowlake	Physical Address 650 S Arbor Lane	Phone Number 208-319-5400
Administrator LISA FAY	City Meridian Id	ZIP Code 83642
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 6-21-13

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	402	The facility does not have A documented five year automatic fire sprinkler system obstruction investigation inspection. Completed 7/10/13	7-10-13	7B
2	415.02	The last ANNUAL fuel fired heating inspection WAS ON MAY 15, 2012. Completed 7/15/13	7-15-13	7B
RECEIVED				
JUL 18 2013				
FACILITY STANDARDS				

Response Required Date 7-21-13	Signature of Facility Representative 	Date Signed 6/21/13
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