



C.L. "BUTCH" OTTER -- Governor
RICHARD M. ARMSTRONG -- Director

IDAHO DEPARTMENT OF
HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T. -- Chief
BUREAU OF FACILITY STANDARDS
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June 27, 2013

Erica Weber, Administrator
Glenwood House, LLC
4660 Hatchery
Eagle, ID 83616

Dear Ms. Weber:

On June 19, 2013, 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.

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: 13R909	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2013
NAME OF PROVIDER OR SUPPLIER GLENWOOD HOUSE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3736 GLENWOOD BOISE, ID 83704		
(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 19, 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

**ENTRANCE CONFERENCE CHECK LIST RALF SURVEY
FIRE/LIFE SAFETY**

FACILITY NAME: Glenwood House

SURVEY DATE: 6-19-13 TIME: _____

ADMINISTRATOR: Erica Weber PERSONNEL ASSISTING: Tiffany Free

The surveyor/survey team will need to review the following documentation.

- 415.02 INSPECTION RECORDS OF FUEL FIRED HEATING SYSTEMS/DEVICES. (ANNUAL)
- 415.05 INSPECTION RECORDS OF SPRINKLER SYSTEM. (ANNUAL)
- 415.04 INSPECTION RECORDS OF SMOKE ALARM SYSTEM. (ANNUAL)
- 415.05 KITCHEN HOOD SUPPRESSION SYSTEM INSPECTION REPORT (SEMI-ANNUAL)
- 415.05 KITCHEN HOOD INSPECTION/CLEANING REPORT (SEMI-ANNUAL)
- 161.01 SMOKING POLICY.
- 410.01 FACILITY DISASTER PLAN/ RELOCATION AGREEMENT.
- 625.03 STAFF ORIENTATION TRAINING RECORDS ON HOW TO RESPOND IN AN EMERGENCY.
- 410.02 FIRE DRILL REPORTS. (1 PER SHIFT PER QUARTER)
- 750.01 ADMINISTRATOR ASSURES FIRE DRILL REPORTS ARE MAINTAINED
- 415.03 MONTHLY/ANNUAL INSPECTION RECORD OF FIRE EXTINGUISHERS.
- RESIDENT CENSUS 9.
- RESIDENT ROSTER.
- MAP OF FACILITY.

# OF SHIFTS: _____	1 ST QUARTER [1-3]	2 ND QUARTER [4-6]	3 RD QUARTER [7-9]	4 TH QUARTER [10-12]
AM TIME				
AM DATE				
PM TIME				
PM DATE				
NOC TIME				
NOC DATE				