



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, 2014

G. David Chinchurreta, Administrator
Sunny Ridge Rehabilitation & Retirement Center
2609 Sunnybrook Drive
Nampa, ID 83686

License #: RC-1037

Dear Mr. Chinchurreta:

On June 23, 2014, a Fire Life Safety Survey was conducted at Sunny Ridge Rehabilitation & Retirement Center. 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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July 1, 2014

G. David Chinchurreta, Administrator
Sunny Ridge Rehabilitation & Retirement Center
2609 Sunnybrook Drive
Nampa, ID 83686

Dear Mr. Chinchurreta:

On June 23, 2014, a Fire Life Safety Survey was conducted at Sunny Ridge Rehabilitation & Retirement Center. 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 23, 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: 13R1037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2014
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NAME OF PROVIDER OR SUPPLIER SUNNY RIDGE REHABILITATION & RETIREME	STREET ADDRESS, CITY, STATE, ZIP CODE 2609 SUNNYBROOK DRIVE NAMPA, ID 83686
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(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
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R 000	<p>Initial Comments</p> <p>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 June 23, 2014.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	R 000		
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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 SUNNY RIDGES RETIRED & RETIREMENT	Physical Address 2609 SUNNY BROOK DRIVE	Phone Number 208 467-7298
Administrator G. DAVID CHINCHURSTA	City NAMPA	ZIP Code 83686
Survey Team Leader Sam BURBANK	Survey Type FLS	Survey Date 6/23/14

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	410.02	STAFF DID NOT COMPLETE FIRE DRILLS IN (3) OUT OF (4) QTRS - #2 #3 & #4 WERE NOT DONE ON DAY & EVENING SHIFT	6/24/14	
2	405.03	(5) OXYGEN CYLINDERS UNSECURED IN STORAGE CLOSET -	6/23/14	SB
3	415.01	* SPRINKLER HEAD IN SHOWER RM COVERED IN TARTAR	6/23/14	SB
4	250.15	CALL SYSTEM IN SHOWER RM MISSING PULL CORD	6/24/14	
5	405.05	EXIT LIGHT @ EAST EXIT BATTERY DEAD	6/23/14	
RECEIVED JUL 21 2014				
FACILITY STANDARDS				

Response Required Date 7/23/14	Signature of Facility Representative G. D. Chinchursta	Date Signed 6/23/14
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