



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

September 24, 2014

Amber Copeland, Administrator
Lark's Haven on Hilgren
11950 N Thames Ct
Hayden, ID 83835

License #: Rc-1042

Dear Ms. Copeland:

On August 22, 2014, a Fire Life Safety Survey was conducted at Lark's Haven on Hilgren. 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,

A handwritten signature in black ink, appearing to be 'S. Burbank', written over a horizontal line. The signature is fluid and cursive.

SAM BURBANK
Health Facility Surveyor
Facility Fire Safety & Construction Program

SB/lj



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August 29, 2014

Amber Copeland, Administrator
Lark's Haven on Hilgren
11950 North Thames Court
Hayden, ID 83835

Dear Ms. Copeland:

On August 22, 2014, a Fire Life Safety Survey was conducted at Lark's Haven on Hilgren. 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 September 22, 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: 13R1042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - LARK S HAVEN/HILGREN B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2014
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NAME OF PROVIDER OR SUPPLIER LARK'S HAVEN ON HILGREN	STREET ADDRESS, CITY, STATE, ZIP CODE 264 HILGREN AVE HAYDEN, ID 83835
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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 August 22, 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 _____



Facility Name <i>LARK'S HAVEN on Hilgren</i>	Physical Address <i>11950 NORTH THAMES COURT</i>	Phone Number <i>208 722 2196</i>
Administrator <i>LARK LINTON</i>	City <i>COBUR D'ALANCE</i>	ZIP Code <i>83855</i>
Survey Team Leader <i>SAM BURBANK</i>	Survey Type <i>FLS</i>	Survey Date <i>8/22/14</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	405.5	(2) RESIDENT ROOMS DOORS WOULD NOT CLOSE & LATCH	8/25/14
2	410.02	FACILITY MISSED NOC SHIFT FIRE DRILL FOR SECOND QUARTER	9/4/14
1	405.5	Monthly checks form updated to include all door latches checked. Maintenance staff will be notified when doors not latching properly.	8/25/14
2	410.02	Administrator will ensure all fire drills be performed and documented per shift, per quarter.	9/4/14

Response Required Date

9/22/14

Signature of Facility Representative

Cara Johnson

RECEIVED

SEP 08 2014