



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
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

November 18, 2014

Duane Holderman, Administrator
Sunset Home Assisted Living, Inc.
510920 Highway 95
Bonners Ferry, ID 83805

Dear Mr. Holderman:

On November 6, 2014, a Fire Life Safety Survey was conducted at Sunset Home Assisted Living, Inc. 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/lj
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - SUNSET HOME B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2014
NAME OF PROVIDER OR SUPPLIER SUNSET HOME ASSISTED LIVING, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 510920 HIGHWAY 95 BONNERS FERRY, ID 83805		
(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 during the annual fire and life safety survey conducted on November 6, 2014. The survey was conducted under IDAPA 16.03.22 Residential Care or Assisted Living Facilities in Idaho.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	R 000		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE