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 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

November 13, 2007

Kathy Fencl, Administrator
Streamside Assisted Living
1355 Edgewater Circle
Nampa, ID 83686

License #: RC-862

Dear Ms. Fencl:

On October 10, 2007, a Fire Life Safety Survey was conducted at Streamside Assisted Living. 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 Chris Laumann, Health Facility Surveyor, Facility Fire, Safety, and Construction Program, at (208) 334-6626.

Sincerely,

C Laumann

CHRIS LAUMANN
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

CL/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

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October 18, 2007

Kathy Fencl, Administrator
Streamside Assisted Living
1355 Edgewater Circle
Nampa, ID 83686

Dear Ms. Fencl:

On October 10, 2007, a Fire Life Safety Survey was conducted at Streamside Assisted Living. 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 November 9, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/lj

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13R862	A. BUILDING 01 - BUILDING 1 B. WING _____	10/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STREAMSIDE ASSISTED LIVING	1355 EDGEWATER CIRCLE NAMPA, ID 83686

(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	Initial Comments The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on October 10, 2007. The surveyor conducting the survey was: Chris Laumann Health Facility Surveyor Facility Fire Safety & Construction	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

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

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BUREAU OF FACILITY STANDARDS
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Boise, ID 83720-0036
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Streamside Assisted Living	1355 S. Edgewater Circle	(208) 442-0097
Administrator	**City**	**ZIP Code**
Kathy Fencl	Nampa, ID	83686
Survey Team Leader	**Survey Type**	**Survey Date**
Chris Laumann	Fire / Life Safety	10/10/2007

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1.	405.B.	An extension cord was found to be in use powering misc. electrical equipment in the beauty shop	11/13/07	
2.	405.01	The smoke doors adjacent to ~~room~~ the activity room were found to not fully close and latch when tested. When released a gap of approximately 1 inch was left between the seams of the doors.	11/13/07	

Response Required Date: 11/10/2007

Signature of Facility Representative: Sherry Cooley

Date Signed: 10/10/07

BFS-686 March 2006