



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

April 14, 2015

Virginia Thornley, Administrator
Wynwood at Riverplace
739 East Parkcenter Boulevard
Boise, ID 83706

License #: RC-401

Dear Ms. Thornley:

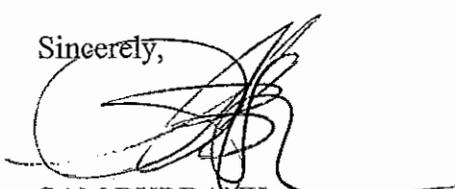
On March 5, 2015, a Fire Life Safety Survey was conducted at Wynwood at Riverplace. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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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March 6, 2015

Virginia Thornley, Administrator
Wynwood at Riverplace
739 East Parkcenter Boulevard
Boise, ID 83706

Dear Ms. Thornley:

On March 5, 2015, a Life Safety Code, state Licensure survey was conducted at Wynwood At Riverplace. 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 ten (10) non-core issue deficiencies were identified on the punch list and five (5) were identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than April 4, 2015.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to the Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626. Thank you for your continued participation in the Idaho Residential Assisted Living Facility (RALF) Program.

Sincerely,

MARK P. GRIMES
Program Supervisor
Facility Fire Safety & Construction Program

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R401	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2015
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NAME OF PROVIDER OR SUPPLIER WYNWOOD AT RIVERPLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 739 EAST PARKCENTER BOULEVARD BOISE, ID 83706
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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 March 05, 2015.</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 WYNWOOD @ River Place	Physical Address 739 E. Park Center Blvd	Phone Number 208 338 5600
Administrator VIRGINIA THORNLEY	City Boise	ZIP Code 83706
Survey Team Leader Sam Burbank	Survey Type FLS	Survey Date 3/5/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
	16.03.22	PAGE 1 OF 2		
1	415.05	1) SPRINKLER SYSTEM IS NOT BEING TESTED ON A QUARTERLY BASIS - (REPORT)	3/17/2015	
		2) (8) PAINTED SPRINKLER HEADS - FOUR IN FIRST FLOOR CORRIDORS, TWO IN RESIDENT RM 102, TWO ON SECOND FLOOR @ STORAGE WEST	4/7/15	
		3) MISSING ESCUTCHEONS - 1) @ STAIRWELL WEST RM 102, CORRIDOR @ 100 WING - (2) @ UNDER FLOOR STAIRS ACCESS - (1) @ STORAGE - 2ND FLOOR EAST	3/30/2015	
		4) NO DRY PONDANT REPLACEMENT PER 10 YR STANDARD	4/18/2015	
2	405.07	1) DOOR LATCH FROM CLEAN LINEN INTO CORRIDOR NOT SINGLE OPERATIONAL	3/13/2015	
		2) UNDER STAIRS STORAGE IN (2) STAIRWELLS	3/17/2015	
3	405.01	1) MULTIPLE PLUG ADAPTORS @ RECEPTION AREA @ COPIER - (REPORT)	3/9/2015	
4	405.05	1) ELEVATOR SMOKE DOORS - WEST SIDE - UPPER & LOWER FLOOR WILL NOT CLOSE - REPORT -	3/9/2015	

Response Required Date 4/9/15	Signature of Facility Representative Virginia Thornley, Executive Director	Date Signed 3/5/2015
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Facility Name WYNWOOD @ RIVERPLACE	Physical Address 739 E. PARK CENTER BLVD	Phone Number 208 338 5600
Administrator VERGINIA THORNTON	City BOISE	ZIP Code 83706
Survey Team Leader Sam BURBANK	Survey Type FLS	Survey Date 3/5/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
	16.03.22	PAGE 2 OF 2		
	405.05	COBT -		
		2) SMOKE COMPARTMENT DOORS AT RM 111 WON'T CLOSE	3/9/15	
5	405.01	EXTINGUISHION CORD USED FOR BATTERY ON CAR-CHARGER - (REPEAT)	3/5/15	8B
6	250.10	WATER TEMPS AT RMs 102, 104, 118, 154, 213, 226 @ 124 TO 126 DEGREES - THERM SET @ 123°	3/6/2015	
7	415.05	NO SEMI-ANNUAL HOOD SUPPRESSION INSPECTION PERFORMED (Scheduled for 5/2015 @ six month from last inspection)	3/10/2015	
8	415.03	1) K-STYLE FIRE EXTINGUISHER IS NOT SIGNED 2) RECALLED FIRE EXTINGUISHER IN SMOKING AREA ON GROUND - Replacement by Simplex Grinnell of 4/7/15	3/5/2015 3/5/2015	
9	415.01	OUTSIDE POST INDICATOR VALVE IS NOT FULLY OPEN -	3/31/2015	
10	405.01	OPEN ELECTRICAL - MISSING COVER @ 100 CORRIDOR - OUTSIDE STORAGE RM ON SOUTHWEST BLDG - BROKEN COVER RM 106 - (REPEAT)	3/9/2015 3/9/2015	

Response Required Date 4/5/15	Signature of Facility Representative Virginia Thornton, Executive Director	Date Signed 3/5/2015
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