

COPY



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  
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May 22, 2013

Ronald Stoffer, Administrator  
Lewis-Clark Care Center, LLC  
1633 10th Avenue  
Lewiston, ID 83501

Dear Mr. Stoffer:

On May 14, 2013, a Fire Life Safety Survey was conducted at Lewis-Clark Care Center, LLC. 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/nm  
Enclosure

Bureau of Facility Standards

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>13R872                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01 - ENTRIE BUILDING<br><br>B. WING _____                            | (X3) DATE SURVEY COMPLETED<br><br>05/14/2013 |
|--|---|---|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>LEWIS-CLARK CARE CENTER, LLC |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1633 10TH AVENUE<br>LEWISTON, ID 83501 |   |  |
| (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<br><br>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 May 14, 2010.<br><br>The surveyor conducting the survey was:<br><br>Tom Mroz CFI-II<br>Health Facility Surveyor<br>Facility Fire/Life Safety & Construction Program | R 000   |   |  |

Bureau of Facility Standards

TITLE

(X6) DATE

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