



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
ALEX J. ADAMS- DIRECTOR

LAURA STUTE-- ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
NATE ELKINS., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

August 21, 2019

Joy Cook, Administrator
Joyce's Orchard Residential Care Home
1917 17th Avenue
Lewiston, ID 83501

Dear Mr./Ms. Cook

On August 15, 2019, a Fire Life Safety Survey was conducted at Joyce's Orchard Residential Care Home. The facility was found to be providing a safe environment for its residents.

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, on August 15, 2019. The facility must correct non-core issue deficiencies within thirty (30) calendar days of the exit conference. Please ensure the deficiencies are corrected for all residents, staff and situations, not just those sampled during the survey, and that a plan for monitoring the situation to ensure continued compliance is implemented. The team leader will contact you in 7 to 10 days to schedule a post-survey conference. The purpose of this conference is to help you understand how compliance will be determined on the follow-up survey, so that you can make certain your corrections are adequate to avoid repeat deficiencies and maintain ongoing compliance.

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

Sincerely,

Sam Burbank, Supervisor
Facility Fire Safety & Construction Program

SB/df



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

TAMARA PRISOCK—ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
TOM MOSS, LSW – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 364-1962
E-mail: ralf@dhw.idaho.gov

September 30, 2019

Joy Cook, Administrator
Joyce's Orchard Residential Care Home
1917 17th Avenue
Lewiston, ID 83501

License #: RC-148

Dear Joy Cook:

On August 15, 2019, a Fire Life Safety Survey was conducted at Joyce's Orchard Residential Care Home. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

«POCEORAcceptanceBlock»

This office is accepting your evidence of resolution.

Should you have questions, please contact Linda Chaney, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626, option 3.

Sincerely,

Linda Chaney
Health Facility Surveyor
Facility Fire Safety & Construction Program

LC/lj

NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Joyce's Orchard Residential Care Home	RC-148	615 Cedar Avenue	208-746-5695
Administrator	City	Zip Code	Survey Date
Joy Cook	Lewiston	83501	08/15/2019
Survey Team Leader	Survey Type		Response Due
Chaney, Linda	Fire Life Safety and Sanitation Licensure		09/16/2019

Item #	Rule (16.03.22)	Description
1	.415.03. Portable Fire Extinguisher Service and Testing	Fire extinguisher in the basement was sitting on the floor and not mounted 4" - 60" on the wall. (NFPA 10, 4-3.4.2)
2	.415.04. Fire Alarm Smoke Detection System Service and Testing.	No documentation for a 5 year sensitivity test of the smoke detectors. (NFPA 101 LSC, 1988 Edition, 7-6.1.3, NFPA 72A, 8-2.2.2, 8-3.3.1)
3	.415.05. Automatic Fire Extinguishing System Service and Testing.	No documentation for a monthly visual inspection of fire sprinkler gauges and control valves. (NFPA 101 LSC, 1988 Edition, 21-2.3.5.1, NFPA 13A, Chapter 4)
4	.161.01. Policy on Smoking	Designated smoking area did not have an ashtray of a safe design. Cigarette butts were being placed in a tin can.
5	.405.01. Medical Gases.	Electrical panel in the closet of the resident room adjacent to the front entry was blocked. (NFPA 101 LSC, 1988 Edition, 7-1.2 & NFPA 70 NEC 110-16d)
6	.405.05. Structure, Maintenance, Equipment to Assure Safety.	1.) Emergency lighting by the front entry and rear sliding glass door were non-operational. 2.) No documentation for 30 second monthly or 90 minute annual testing of the emergency lighting. (NFPA 101 LSC, 1988 Edition, 31-1.3.8)
7	.250.15. Call System.	Facility did not have an operational nurse call system.
8	.250.01. Building Character.	Facility had annular penetrations in walls throughout the facility where fire sprinkler pipe had been installed.

