



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

February 25, 2015

Valeri Zaharie, Administrator
Bridge Assisted Living at Sandpoint
1123 North Division Street
Sandpoint, Idaho 83864

Provider ID: RC-610

Ms. Zaharie:

On January 8, 2015, a complaint investigation was conducted at Bridge Assisted Living at Sandpoint, Sandpoint Medical Investors. 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.

Your submitted evidence of resolution is being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor

DH/sc

cc: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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January 14, 2015

Gay James, Administrator
Bridge Assisted Living at Sandpoint
1123 North Division Street
Sandpoint, Idaho 83864

Provider ID: RC-610

Mrs. James:

An unannounced, on-site complaint investigation was conducted at Bridge Assisted Living at Sandpoint between January 7, 2015 and January 8, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006695

Allegation #1: The facility did not report an elopement to Licensing and Certification.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.07 for not reporting an elopement to Licensing and Certification. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not implement behavior plans prior to increasing behavior modifying medications.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.310.04., a for using behavior modifying medications prior to developing a behavior management plan. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility RN did not assess residents after they had incidents.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.03 for not assessing a resident's skin tear. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: The facility did not seek medication attention for residents in a timely manner.

Gay James, Administrator
January 14, 2015
Page 2 of 2

Findings: Unsubstantiated.

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 **January 8, 2015**. 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 February 7, 2015.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

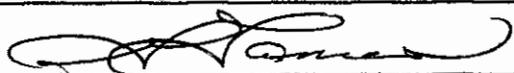


DONNA HENSCHER, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program



Facility BRIDGE ASSISTED LIVING AT SANDPOINT	License # RC-610	Physical Address 1123 NORTH DIVISION STREET	Phone Number (208) 263-1524
Administrator Gay James	City SANDPOINT	ZIP Code 83864	Survey Date January 8, 2015
Survey Team Leader Donna Henscheid	Survey Type Complaint Investigation and Follow-up		RESPONSE DUE: February 7, 2015
Administrator Signature 	Date Signed 1/8/15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	305.03	The facility RN did not assess Resident #2's skin tear. **Previously cited on 9/9/13**	2/17/15	QH
2	310.04.a	The facility used behavior modifying medications as a first resort, prior to developing a behavior management plan.	2/17/15	QH
3	350.07	The facility did not report all incidents to Licensing and Certification as required.	2/17/15	QH
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