



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, 2015

Denise Sowell, Administrator  
Lodge at Fairway Forest #1  
1950 West Bellerive Ln. #107  
Coeur d'Alene, ID 83814

Dear Ms. Sowell:

On May 18, 2015, a Fire Life Safety Survey was conducted at The Lodge at Fairway Forest #1. 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/lj  
Enclosure

Bureau of Facility Standards

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>13R1064 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01 - BUILDING 1<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>05/18/2015 |
|--|---|---|--|

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|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>LODGE AT FAIRWAY FOREST #1, THE | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3989 NORTH PLAYER DRIVE<br>COEUR D'ALENE, ID 83814 |
|---|---|

| (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 | <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 during the standard fire/life safety survey conducted on May 18, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank<br/>Health Facility Surveyor<br/>Facility Fire/Life Safety &amp; 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 \_\_\_\_\_