



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

July 17, 2015

Ann Johnson, Administrator
The Garden at Orchard Ridge
624 West Harrison
Coeur d'Alene, ID 83814

License #: RC-863

Dear Ms. Johnson:

On May 20, 2015, a Fire Life Safety Survey was conducted at The Garden at Orchard Ridge. 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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May 26, 2015

Ann Johnson, Administrator
The Garden at Orchard Ridge
624 West Harrison
Coeur d'Alene, ID 83814

Dear Ms. Johnson:

On May 20, 2015, a Fire Life Safety Survey was conducted at The Garden at Orchard Ridge. 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.

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. 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 June 19, 2015.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark P. Grimes'. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

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: 13R863	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2015
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NAME OF PROVIDER OR SUPPLIER GARDEN AT ORCHARD RIDGE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 624 WEST HARRISON COEUR D'ALENE, ID 83814
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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 May 20, 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



Facility Name <i>The Garcias @ Orchard Ridge</i>	Physical Address <i>624 W. Harrison</i>	Phone Number <i>208-664-8119</i>
Administrator <i>Ann Johnson</i>	City <i>Coeur d'Alene</i>	ZIP Code <i>83814</i>
Survey Team Leader <i>Sam Burbank</i>	Survey Type <i>FLS</i>	Survey Date <i>5/20/15</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
		<i>PAGE 1 OF 2</i>		
<i>1</i>	<i>161.01</i>	<i>SMOKING AREA ON 2ND FLOOR BALCONY USING PAPER BAG FOR COMBUSTIBLES DISPOSAL - NO APPROPRIATE TRASH DISPOSAL IN PLACE</i>		
<i>2</i>	<i>215.05</i>	<i>1) (6) LOADED SPRINKLER HEADS IN MAIN KITCHEN 2) BLOCKED SPRINKLER HEAD (LIGHT FIXTURE) IN RECEPTION COPY AREA 3) MIXED SPRINKLER HEAD IN KITCHEN - 174 DRESS MIXED WITH 155 DRESS 4) NO QUARTERLY SPRINKLER INSPECTION REPORTS FOR 2 OF 4 QUARTERS</i>		
<i>3</i>	<i>405.05</i>	<i>1) DROP-DOWN DOOR HOLDERS USED ON HAZARDOUS AREA DOORS: KITCHEN; SOLID LINEN DOORS; LAUNDRY; JANITORS STORAGE OVER 50" H WITH HIGH COMBUSTIBLES; MAINTENANCE; STORAGE OVER 100" H - ALL AREAS OPEN TO CORRIDOR. 2) MEDICAL RECORDS @ SECOND FLOOR - OPEN TO CORRIDOR</i>		

Response Required Date <i>6/20/15</i>	Signature of Facility Representative <i>Ann Johnson</i>	Date Signed <i>5/20/15</i>
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Facility Name <i>The Gardens @ Orchard Ridge</i>	Physical Address <i>624 W. HARRISON</i>	Phone Number <i>208-664-8119</i>
Administrator <i>Ann Johnson</i>	City <i>COEUR D'ALENE</i>	ZIP Code <i>83814</i>
Survey Team Leader <i>Sam Burbank</i>	Survey Type <i>FLS</i>	Survey Date <i>5/20/15</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
	16.03.22	<i>PAGE 2 OF 2</i>		
	<i>405.05 - (CONIT)</i>	<i>& EQUIPMENT NOT EQUIPPED TO SELF-CLOSE</i>		
<i>4</i>	<i>405.01</i>	<i>1) MULTIPLE PLUG ADAPTER IN USE @ MEDICAL RECORDS/NURSE OFFICE 2) (5) HAIR APPLIANCES PLUGGED INTO RPT @ BEAUTY SALON 3) O₂ CONCENTRATOR INTO RELOCATABLE POWER TAP RM 226 4) ELECTRICAL PANEL @ STORAGE - # C & C₂ BLOCKED 5) ZIP/MULTI-PLUG EXTENSION CORD IN USE RM 226</i>		
<i>5</i>	<i>415.04</i>	<i>NO ANNUAL REPORT FOR FIRE ALARM SYSTEM</i>		
<i>6</i>	<i>415.05</i>	<i>NO SEMI-ANNUAL RECORD FOR HOOD SUPPRESSION SYSTEM</i>		

Response Required Date <i>6/20/15</i>	Signature of Facility Representative <i>Ann Johnson</i>	Date Signed <i>5/20/15</i>
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