



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER -- Governor
RICHARD M. ARMSTRONG -- Director

TAMARA PRISOCK -- ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

September 3, 2015

Larae Romrell, Administrator
Bear Lake Manor
855 Boise Street
Montpelier ID 83254

License #: RC-738

Dear Ms. Romrell:

On August 11, 2015, a Fire Life Safety Survey was conducted at Bear Lake Manor. 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.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Nathan Elkins, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink that reads "Nathan Elkins". The signature is fluid and cursive.

Nathan Elkins
Health Facility Surveyor
Facility Fire Safety & Construction Program

NE/lj



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August 20, 2015

Larae Romrell, Administrator
Bear Lake Manor
855 Boise Street
Montpelier, ID 83254

Dear Ms. Romrell:

On August 11, 2015, a Fire Life Safety Survey was conducted at Bear Lake Manor. 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 September 11, 2015.

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

Punch Items—Bear Lake Manor

Survey Date: 08/11/2015

16.03.22.405.01.a. Electrical Installations and Equipment.

Electrical installations and equipment must comply with applicable local or state electrical requirements to include the following:

Equipment designed to be grounded must be maintained in a grounded condition; and

Electrical Outlet faceplate missing in water heater closet exposing live wiring

16.03.22.405.01.b. Electrical Installations and Equipment.

Extension cords and multiple electrical adapters are prohibited, with the exception of approved grounded multiple electrical adapters with a built-in breaker.

Extension cord was found to be in use located in the med room



Facility Name <i>Bear Lake Manor</i>	Physical Address <i>855 Boise St</i>	Phone Number <i>208-847-2400</i>
Administrator <i>Larae Romrell</i>	City <i>Montpelier</i>	ZIP Code <i>83254</i>
Survey Team Leader <i>Nate Etkins</i>	Survey Type <i>FIRE / LIFE SAFETY</i>	Survey Date <i>8-11-15</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.01	1) Electrical outlet faceplate missing in Water heater closet	8-11-15	NE
		2) Extension cord found in use in Med Room	9-2-15	RE

RECEIVED
SEP 02 2015
FACILITY STANDARDS

Response Required Date <i>9-11-15</i>	Signature of Facility Representative <i>Larae Romrell</i>	Date Signed <i>8-11-15</i>
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