



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

October 2, 2015

Tina Mouser, Administrator
Bridge Assisted Living at Sandpoint
1123 North Division Street
Sandpoint ID 83864

License #: RC-610

Dear Ms. Mouser:

On September 24, 2015, a Fire Life Safety Survey 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:

- 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,

NATHAN ELKINS
Health Facility Surveyor
Facility Fire Safety & Construction Program

NE/lj



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October 2, 2015

Tina Mouser, Administrator
Bridge Assisted Living at Sandpoint
1123 North Division Street
Sandpoint, ID 83864

Dear Ms. Mouser:

On September 24, 2015, a Fire Life Safety Survey was conducted at Bridge Assisted Living at Sandpoint. 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.

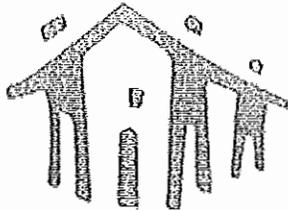
Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 26, 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



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TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITIES
PROGRAM

P.O. Box 83720
Boise, Idaho 83720-0009
Email: ralf@dhw.idaho.gov
PHONE (208) 364-1962
FAX (208) 364-1888

Punch Items

Survey Date: 09/24/2015

16.03.22.405.05. Structure, Maintenance, Equipment to Assure Safety.

The facility must be structurally sound, maintained, and equipped to assure the safety of residents, personnel, and the public including:

- 1.) Both Smoke barrier walls above cross corridor doors on the first floor revealed multiple pipes ranging from 1 inch to 2 inches in size that were unsealed and would allow the passage of smoke.
- 2.) Both Smoke barrier walls above cross corridor doors on the second floor revealed multiple pipes ranging from 1 inch to 2 inches in size that were unsealed and would allow the passage of smoke.
- 3.) Room 201 on the second floor revealed the room was used as a storage room that stored combustibles and the door was not on a self closure. (This deficiency was corrected by the Maintenance Supervisor prior to exit conference)
- 4.) Second floor elevator room fire door would not close and latch properly.)This was corrected by the Maintenance Supervisor prior to the exit conference)

16.03.22.415.01. Maintenance of Equipment and Systems.

The facility must assure that all equipment and systems are properly maintained to assure the safety of the residents.

All delayed egress doors located on the first floor revealed no signs posted stating the function of the door.

16.03.22.415.01. Maintenance of Equipment and Systems.

The facility must assure that all equipment and systems are properly maintained to assure the safety of the residents.

Facility not conducting weekly inspections on the generator.



Facility Name <i>Bridge Assisted Living @ Sandpoint</i>	Physical Address <i>1123 N. Division St</i>	Phone Number <i>208-263-1524</i>
Administrator <i>Tina Mouser</i>	City <i>Sandpoint</i>	ZIP Code <i>83864</i>
Survey Team Leader <i>Nate Elkins</i>	Survey Type <i>Fire Life Safety FACILITY STANDARDS</i>	Survey Date <i>9-24-15</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
1	405.05	1) Both smoke barrier walls above cross corridor doors on first floor revealed multiple pipes ranging from 1" to 2" that were unsealed 2) Both smoke barrier walls above cross corridor doors on second floor revealed multiple pipes ranging from 1" to 2" that were unsealed	9-25-15	NE
2	415.01	All delayed egress doors on first floor revealed no signs posted on the doors warning the 15sec delay.	9-25-15	NE
3	415.01	Facility not conducting weekly inspections on generator	9-25-15	NE
4	405.05	1) RM 201 second floor revealed room to be a storage area and door would not self-close. *Corrected on spot by Maintenance* 2) Second floor elevator fire door would not close properly *Corrected on spot by Maintenance*	9-24-15	NE

Response Required Date <i>10-24-15</i>	Signature of Facility Representative <i>Tina Mouser</i>	Date Signed <i>9/24/15</i>
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