



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

November 04, 2015

Lorraine Pratt, Administrator  
Stonebridge Assisted Living  
110 River Rock Place  
Hagerman ID 83332

License #: RC-999

Dear Ms. Pratt:

On October 9, 2015, a Fire Life Safety Survey was conducted at Stonebridge Assisted Living. 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 evidence of resolution.

Should you have questions, please contact Nate Elkins, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626, option 3.

Sincerely,

Nate Elkins  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

NE/lj



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 16, 2015

Lorraine Pratt, Administrator  
Stonebridge Assisted Living  
110 River Rock Place  
Hagerman, ID 83332

Dear Ms. Pratt:

On October 9, 2015, a Fire Life Safety Survey was conducted at Stonebridge Assisted Living, LLC. 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.

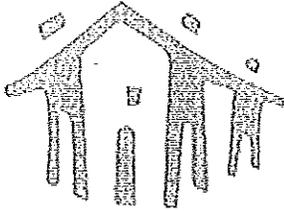
Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by November 9, 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



# 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 FACILITIES  
PROGRAM

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

## Punch Items

**Survey Date:** 10/09/2015

### 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.

1.) The Fire Alarm panel showing trouble for Zone #1 and Zone #2

2.) Emergency lights near rear exit door and in the hallway near room #4 are not operational

### 16.03.22.410.02. Fire Drills.

All personnel and residents must participate in a minimum of one (1) fire drill per shift per quarter. Fire drills must be unannounced.

Fire Drills not being conducted one (1) per shift per quarter. \*Missing 1st quarter NOC drill and all of 4th quarter\*

This is a repeat write up from previous survey dated 5/2/2014

### 16.03.22.750.01. Fire Drill Documentation.

Written documentation of each fire drill, one (1) per shift per quarter, must be maintained on file at the facility and must contain a description of each drill, the date and time of the drill, response of the personnel and residents, problems encountered and recommendations for improvement.

Fire drill reports are not being stored inside facility

### 16.03.22.405.01. Electrical Installations and Equipment.

When there is any change in ownership, existing buildings housing seventeen (17) residents or more or any building housing residents on stories other than the first story will be required to comply with NFPA, Standard

#101, Life Safety Code, 2000 Edition, Chapter 19, Existing Health Care/Limited Care Occupancies.

- 1.) Found oxygen Concentrator and Nebulizer plugged into a relocatable power tap (RPT) in room #3
- 2.) Nebulizer plugged into RPT in room #13
- 3.) Portable A/C unit plugged into RPT in room #11

\*With regards to UL listing\*



Facility Name <i>Stone bridge AL</i>	Physical Address <i>110 River Rock Place</i>	Phone Number <i>837-4153</i>
Administrator <i>Brittany Mays</i>	City <i>Hagerman</i>	ZIP Code <i>83332</i>
Survey Team Leader <i>Nate Elkins</i>	Survey Type <i>Fire Life Safety</i>	Survey Date <i>10-9-15</i>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.04	Fire Alarm panel shows trouble in zone 1 & zone 2	10-9-15	NE
2	410.02	Fire Drills not being conducted $\frac{1}{2}$ per shift per quarter *Missing 1 <sup>st</sup> quarter Noc drill & all of 4 <sup>th</sup> quarter	10-12-15	NE
3	750.01	Missing fire drill reports / not in facility	10-12-15	NE
4	405.01	1) Found oxygen concentrator & nebulizer plugged into relocatable power tap (RPT) in RM 13 2) Found nebulizer plugged into RPT in RM 11 3) Found portable A/C unit plugged into RPT *With regards to UL listing*	10-12-15 10-12-15 10-12-15	NE NE NG
5	415.01	Emergency lights near rear exit door & in hallway near RM 4 were not operational.	10-9-15	NE
*Item #2 is a repeat write up				

Response Required Date

Signature of Facility Representative

Date Signed

*11-9-15*

*Jouanne Grant Admin*

*10-9-15*