



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISCOCK – 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

December 29, 2015

Karlene Magee, Administrator
Community Restorium
PO Box 419
Bonners Ferry, ID 83805

License #: RC-118

Dear Ms. Magee:

On November 18, 2015, a Fire Life Safety Survey was conducted at Community Restorium. 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 evidence of resolution.

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

Sincerely,

Sam Burbank
Health Facility Surveyor
Facility Fire Safety & Construction Program

SB/lj



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November 27, 2015

Karlene Magee, Administrator
Community Restorium
PO Box 419
Bonners Ferry, ID 83805

Dear Ms. Magee:

On November 18, 2015, a Fire Life Safety Survey was conducted at Community Restorium. 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 December 18, 2015.

Should you have any questions about our visit, please contact me at (208) 334-6626, option 3.

Sincerely,

MARK P. GRIMES, Supervisor
Facility Fire Safety & Construction Program

MPG/lj
Enclosure

NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Community Restorium	RC-118	PO BOX 419	208-267-2433
Administrator	City	Zip Code	Survey Date
Karlene Magee	Bonnors Ferry	83805	11/18/2015
Survey Team Leader	Survey Type	Response Due	
Burbank, Sam	Fire Life Safety and Sanitation Licensure		
Administrator Signature	Date Signed		

Item #	Rule	Description
1	16.03.22.405.01.b. Electrical Installations and Equipment.	Non-grounded multi-plug extension cord used for menu board
2	16.03.22.405.01. Electrical Installations and Equipment.	1) Relocatable power tap used for fan of gas fireplace 2) Modified extension cord ran through wall in Basement 3) Open 2" by 4" electrical conduit box with exposed wiring in basement

