

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 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: (sb@dhw.idaho.gov

June 29, 2010

Trudie Chamberlain, Administrator Emeritus Corp-- Loyalton of Coeur d'Alene 3131 Elliott Avenue-- Suite 500 Seattle, Washington 98121

License #: RC-771

Dear Ms. Chamberlain:

On April 21, 2010, a Fire Life Safety Survey was conducted at Emeritus Corporation-- Loyalton of Coeur d'Alene. 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 Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY Health Facility Surveyor

Facility Fire Safety & Construction Program

TB/lj

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

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May 5, 2010

Trudie Chamberlain, Administrator Emeritus Corporation-- Loyalton of Coeur d'Alene 3131 Elliott Avenue-- Suite 500 Seattle, Washington 98121

Dear Ms. Chamberlain:

On April 21, 2010, a Fire Life Safety Survey was conducted at Emeritus Corporation-- Loyalton of Coeur d'Alene. 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 May 21, 2010.

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

Sincerely,

MARK GRIMES

Supervisor

Facility Fire Safety & Construction Program

MG/lj

Enclosure

04/21/2010

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

01 - ENTIRE BUILDING

(X3) DATE SURVEY COMPLETED

13R771

B. WING _

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

A. BUILDING

205 FAST ANTON AVENUE

(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
R 0000	Initial Comments The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on April 21, 2010. The surveyor conducting the survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction	R 000		

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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if continuation sheet 1 of 1

BUREAU OF FÁCILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTEL LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Emeritus of Loyalton	205 E. ANTON AVE	208-667-6490
Administrator	City	ZIP Code
Trudie Chamberlain	Coeur D'Alene	83815
Survey Team Leader	Survey Type	Survey Date
Taylor Barkley		4-21-10

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NON-CORE ISSUES										
	ITEM	RULE#	DESCRIPTION	DATE	BFS					
	#	16.03.22		RESOLVED	USE					
\checkmark	Ì	410.02	The facility did not conduct one drill per shift		Ŋ					
			per avanter.	4-30-10	3					
✓	9′	405.01	Resident room # 132 has 2 extension cords	4.21-10	~					
ار ا			in use.							
/	3	405,05	The electrical room by room # 129 has 2 holes							
			in the room. One is approximately 4" x 6" and the							
			other is 10" x 10" in size.	5327-10	S O					
V	-	415.046	The facility is not testing or inspecting the	u es	Ę					
			fire Alarm on a mouthly basis.	ש-דג פּ	9					
✓	5	404.61	The facility is not conductive Quarterly inspections		S					
			of the sprinkler system.	2-270	Š					
*	6	404.01	The facility has no documentation of the 5 year	THE SE	5					
			in ternal sprinklen system as noted on the amual	Page 1	<u> </u>					
			inspection report.	G-8-10	Ш.					
	7	415,01	The facility is not testing the emergency lights							
			30 seconds a month or 90 minutes a year.	5-27-10						
,	Respons	se Required Date	Signature of Facility Representative	Date Signed						
	5 -	21-10	J & 50	4.21	10					