

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 83720-009 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: (sb(@dhw.idaho.qov

December 3, 2010

Jeffrey Mikesell, Administrator Rose Terrace Cottages 1821 East Sherman Avenue-- Suite 5 Coeur d'Alene, Idaho 83814

License #: RC-855

Dear Mr. Mikesell:

On November 3, 2010, a Fire Life Safety Survey was conducted at Rose Terrace Cottages. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- 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 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/li

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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CERTIFIED MAIL #: 70090820000028071347

November 9, 2010

Jeffrey Mikesell, Administrator Rose Terrace Cottages 1821 East Sherman Avenue-- Suite 5 Coeur d'Alene, Idaho 83814

Dear Mr. Mikesell:

Based on the Life Safety Code survey conducted by our staff at Rose Terrace Cottages on **November 3**, **2010**, we have determined that the facility failed to maintain an operable fire detection system or initiate a fire watch pending the correction of the system.

This core issue deficiency substantially limits the capacity of Rose Terrace Cottages to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by December 18, 2010. We urge you to begin correction immediately.

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?

What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **November 22, 2010**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to Mark Grimes, Supervisor, Facility Fire Safety & Construction Program, for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (November 22, 2010). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after November 22, 2010, your request will not be granted.

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 proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **December 3, 2010**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Rose Terrace Cottages.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,

An A

MARK P. GRIMES

Supervisor

Facility Fire Safety & Construction Program

MPG/li

Enclosure

PRINTED: 11/05/2010 FORM APPROVED

Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND FLAN OF CORRECTION IDENTIFICATION NUMBER: 01 - BUILDING A A. BUILDING B. WING 11/03/2010 13R855 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 632 NORTH 21ST STREET ROSE TERRACE COTTAGES COEUR D'ALENE, ID 83814 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) 1D (FACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R 000 R 000 Initial Comments 11/21/2010 First, we have restated the importance of ensuring that the fire alarm system is checked The following deficiency was cited during the on a consistent basis. This will also be annual life safety code survey conducted on enforced via the revised forms created and November 3, 2010 at your residential . . . . posted in each house (see copy enclosed). care/assisted living facility. The facility was surveyed under the Life Safety Code, 2000 11/21/2010 Second, we have re-oriented our staff on our Edition, Chapter 33, Existing Residential Board Fire Watch Policy which states: and Care Occupancies, and in accordance with IDAPA 16.03.22 - Residential Care or Assisted (415.06) This facility will institute a fire; Living Facilities in Idaho. watch during any time the fire alarm, smoke detection, or sprinkler system is ! The surveyor conducting the survey was: inoperable for greater than four (4) hours. 11/21/2010 Thirdly, we have educated our staff as to Taylor Barkley what, exactly a "fire watch" is and under Health Facility Surveyor what circumstances one should be initiated. Facility Fire Safety and Construction Program All of our employees are now aware that, should the fire alarm check determine that the R 005 R 005 16.03.22.415.06 Fire Watch. fire alarm is not in working condition, the protocol is as follows: The facility must institute a fire watch during any Institute a fire watch time the fire alarm, smoke detection, or sprinkler immediately, consisting of hourly system is inoperable for greater than four (4) checks of all rooms in the house and nours. written documentation of such. Call the office and or the Administrator to make them aware This Rule is not met as evidenced by: of the issue. Observation and interview during the facility tour 3. Continue fire watch every hour of house "A" on November 3, 2010 at 10:30 AM until revealed that the fire alarm control panel was the fire alarm system is fully silenced and a system line fault was indicated functioning. with two yellow lights. The house manager and staff #1 both stated that they were not sure when 11/21/2010 Lastly, we have included training on the fire the system indicated these problems. Both staff alarm system as well as the fire watch members also stated that they were not protocol in our new-hire orientation so that conducting a fire watch and staff #1 stated she all new employees will be trained properly did not know what a fire watch was. The facility regarding this system. See enclosed copy of maintenance technician stated he was unaware revised orientation checklist which now that there were any problems with the system. All includes a section for the fire alarm / fire findings were witnessed and noted by the facility watch. maintenance technician, the house manager.

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

If continuation sheet 1 of 2

STATE FORM

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Bureau of Facility Standards

PRINTED: 11/05/2010 FORM APPROVED

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: 01 - BUILDING A A. BUILDING B. WING \_ 13R855 11/03/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 632 NORTH 21ST STREET **ROSE TERRACE COTTAGES** COEUR D'ALENE, ID 83814 (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) 1D (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) R 005 R 005 Continued From page 1 staff #1, and surveyor. Bureau of Facility Standards

OMB NO. 0938-0391	A. BUILDING (X3) DATE SURVEY COMPLETED (X3) BATE	ATE, ZIP CODE	F COI	Jack Station of the office of	
CENTERS FOR MEDICARE & MEDICAID SERVICES	STATEMENT OF DEFICIENCIES  AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA	NAME OF FACILITY  RACE TOWNS OF A THOUSE CODE  RACE TOWNS OF A THOUSE CODE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY F REGULATORY OR LSC IDENTIFYING INFORMATIC	House A's fire Alarm System is in Trouble mode and displays line failure. The house manager, floor staff Stated They did not know the system was in trouble and were not conducting A fire watch.	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

If continuation sheet Page

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MEDICAID L & C - RALF PROGRAM P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Rose Terrace Cottages	632 N 21st street	208-665-5580
Administrator	City	ZIP Code
Jeffney Mikesell	Cogur D'Alene	83814
Survey Team Leader	Survey Type	Survey Date
Taylor Barkley		11-3-10

NON	-CORE ISSU	E\$		
ITEM	RULE#	DESCRIPTION	DATE	L&C
#	16.03.22		RESOLVED	USE
1	410.0a	The facility is not conducting one drill per shift per quarter in All 3 houses,	11/21/10	
		per shift per guarter in All 3 houses.	f f	
a	415.03	The fire extinguishers in house A are not	11/21/10	
***************************************	***************************************	The fire extinguishers in house A pre not being checked monthly.		
		7		
3	405.05	The furnace room in house A has 3 two	12/1/10	
		foot by one foot in size holes in the ceiling. And the wall.	, ,	
		And the wall.		-
Ч	415.04	The facility is not checking the fire Alarm	11/21/10	•
		system in All 3 houses on a shouthly basis.	, ,	
1				
5	250, 15	The Intercom CAll systems in All 3 houses	11/29/10	
		do not work.	Grider completed	
			12/2/10)	
	se Required Date	Signature of Facility Representative	Date Signed	
13.	-3-10	the min and we will be the segretative min and with the segretative min and th	11-5-1	<u> </u>