



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

June 14, 2011

Larae Romrell, Administrator
Bear Lake Manor
855 Boise Street
Montpelier, Idaho 83254

License #: RC-738

Dear Ms. Romrell:

On May 12, 2011, a Fire Life Safety Survey was conducted at Bear Lake Manor. 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 24, 2011

Larae Romrell, Administrator
Bear Lake Manor
855 Boise Street
Montpelier, Idaho 83254

Dear Ms. Romrell:

On May 12, 2011, fire life safety & complaint surveys were conducted at Bear Lake Manor. 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 June 13, 2011.

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R738	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE WING B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2011
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NAME OF PROVIDER OR SUPPLIER BEAR LAKE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 855 BOISE STREET MONTPELIER, ID 83254
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(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 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the life safety code requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard life safety code survey conducted on May 12, 2011.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		

Bureau of Facility Standards	TITLE	(X6) DATE
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



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

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May 24, 2011

Larae Romrell, Administrator
Bear Lake Manor
855 Boise Street
Montpelier, Idaho 83254

Provider #:

Dear Ms. Romrell:

On **May 12, 2011**, a Complaint Investigation survey was conducted at Bear Lake Manor. The survey was conducted by Taylor Barkley, Fire Life Safety & Constructin Program Surveyor. This report outlines the findings of the investigation.

The complaint allegations, findings and conclusions are as follows:

Complaint #ID00005032

ALLEGATION #1:

The facility has a moldy smell emanating from the basement which may pose a risk to resident health and safety.

FINDINGS:

The crawl space had visible evidence of having had water present previously. The maintenance supervisor stated that the ice machine had been draining into the crawl space; also, the main water line had a leak. The ice machine has been plumbed to the outside and the main water line was replaced. No moldy odors were present in the crawl space.

Unsubstantiated: The incident may have occurred, however, no deficiencies were cited. The crawl space may have had a moldy odor but none was present on the day of the investigation and the facility took appropriate steps to repair the water leak problem.

FILE COPY

Larae Romrell, Administrator
May 24, 2011
Page 2 of 2

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

As none of the complaint's allegations were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

A handwritten signature in black ink, appearing to read 'M P Grimes', followed by a long horizontal line extending to the right.

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

MPG/lj



No. 0081 P. 2

Facility Name Bear Lake Manor	Physical Address 855 Boise St.	Phone Number 208-847-2400
Administrator Larae Romrell	City Montpelier, Id	ZIP Code 83254
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 5-12-11

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	404.01	The facility is not conducting quarterly sprinkler system inspections.	6-7-11	
2	404.01	The emergency lights are not being tested for 30 seconds a year month or 90 minutes a year .	6-7-11	
3	415.03	A portable fire extinguisher in the kitchen was last serviced in February 2010.	6-3-11	
4	404.01	There is an alcohol based hand rub dispenser installed above a light switch in the laundry room.	6-6-11	

RECEIVED
JUN 11 7 2011

FACILITY STANDARDS

Response Required Date 6-12-11	Signature of Facility Representative <i>Larae Romrell</i>	Date Signed 5-12-11
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Jun. 7. 2011 11:03AM