



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

October 23, 2012

Erika Schreiber, Administrator
Creekside Inn Assisted Living Alzheimer's Community
240 East Kathleen Avenue
Coeur d'Alene, Idaho 83814

License #: RC-954

Dear Ms. Schreiber:

On September 21, 2012, a Fire Life Safety Survey was conducted at Creekside Inn Assisted Living Alzheimer's Community. 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 Tom Mroz, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,


TOM MROZ
Health Facility Surveyor
Facility Fire Safety & Construction Program

TM/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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

September 27, 2012

Erika Schreiber, Administrator
Creekside Inn Assisted Living Alzheimer's Community
240 East Kathleen Avenue
Coeur d'Alene, Idaho 83814

Dear Ms. Schreiber:

On September 21, 2012, a Fire Life Safety Survey was conducted at Creekside Inn Assisted Living Alzheimer's Community. 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 October 21, 2012.

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: 13R954	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2012
NAME OF PROVIDER OR SUPPLIER CREEKSIDE INN ASSISTED LIVING ALZHEIME		STREET ADDRESS, CITY, STATE, ZIP CODE 240 EAST KATHLEEN AVENUE COEUR D'ALENE, ID 83814		
(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 September 21, 2012.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name CREEKSIDE INN	Physical Address 240 EAST KAMMEEN	Phone Number 208-665-1411
Administrator ERIKA SCHREIBER	City COEUR D'ALENE	ZIP Code 83814
Survey Team Leader TOM MROZ	Survey Type FLS	Survey Date 9-21-12

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	LSC 9.7.4.1	NFPA 10 PROHIBITS LOCKING OF FIRE EXTINGUISHER CABINETS - REPLACE LOCK TABS WITH PLASTIC TABS TO EASE OPENING	unlocked 10/15/12	YH
2	750.03	FUEL FIRED HEATING INSPECTION DOCUMENTATION. WHEN REQUESTED FACILITY WAS UNABLE TO PROVIDE DOCUMENTATION OF AN ANNUAL FUEL FIRED HEATING INSPECTION. (LAST DOCUMENT AVAILABLE WAS 10-25-10)	10/10/12 ^{RWD}	YH
3	405.07	KITCHEN - DOOR TO EXTERIOR REQUIRED SPECIAL KNOWLEDGE TO OPEN - TIME DELAYED MAGNETIC DOOR LOCK OPENS IN 30 SECONDS; NO SIGNAGE INDICATIONS SUCH,	9/20/12	YH
4	405.016	THE FACILITY DID NOT ENSURE THAT ELECTRICAL CORDS ARE NOT BEING UTILIZED, EXTERIOR LIGHTING & HEAT WIRE TAPE PLUGGED INTO EXTENSION CORDS.	10/11/12	YH

Response Required Date 10-21-12	Signature of Facility Representative Callie Miller, ED	Date Signed 9/21/2012
---	--	---------------------------------