

COPY



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](mailto:fsb@dhw.idaho.gov)

December 3, 2012

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

License #: RC-118

Dear Ms. Magee:

On October 18, 2012, 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 Mark Grimes, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

Mark Grimes  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

MG/nw

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](mailto:fsb@dhw.idaho.gov)

October 25, 2012

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

Dear Ms. Magee:

On October 18, 2012, 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 November 19, 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:  <b>13R118</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/18/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY RESTORIUM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6619 KANISKU STREET BONNERS FERRY, ID 83805</b>		
(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><b>Initial Comments</b></p> <p>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 October 17 &amp; 18, 2012. The surveyor conducting the survey was:</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <b>Community Restorium</b>	Physical Address <b>6619 KANIKSO</b>	Phone Number <b>267-2453</b>
Administrator <b>KARLENE Magee</b>	City <b>BONNERS FERRY</b>	ZIP Code <b>83805</b>
Survey Team Leader <b>Grimes</b>	Survey Type <b>FLS</b>	Survey Date <b>10/17+18/2012</b>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	16.03.22	THE FACILITY FAILED TO CONDUCT ONE FIRE DRILL PER SHIFT PER QUARTER 2 SHIFTS MISSED IN THE 2 <sup>ND</sup> QTR OF 2012 ONE SHIFT MISSED IN 3 <sup>RD</sup> QTR	10-19-12	MPG
2	405.01.b	THE FACILITY DID NOT ENSURE MULTIPLUG ADAPTORS ARE NOT USED A 2x6 MULTIPLUG ADAPTOR WAS IN USE IN THE DINING ROOM WEST WALL	10-18-12	MPG
3	404.01	LIFE SAFETY CODE; CORRIDOR DOORS TO RESIDENT ROOMS MUST RESIST PASSAGE OF SMOKE. APPROXIMATELY 50% OF DOORS HAVE RECEIVER LATCHES REMOVED.	11-13-12	MPG
4.	404.01	LIFE SAFETY CODE; PENETRATIONS NEED TO BE SEALED TO RESIST SMOKE IN THE CEILING OF DINING & RECREATION, LAUNDRY WALL	11-13-12	MPG
5	404.01	LIFE SAFETY CODE; HAZARDOUS AREAS. WEST WING STORE ROOM NEEDS SELF CLOSED, LAUNDRY ROOM DOOR NEEDS LATCH	11-16-12	MPG
6.	404.01	LIFE SAFETY CODE; KITCHEN HOOD REQUIRES INSPECTION EVERY 6 MONTHS AND CLEANED AS NECESSARY. CURRENTLY ONLY ANNUAL CLEANING.	10-19-12	MPG 11-20-12
		RECOMMEND SYSTEM SMOKE DETECTION IN DINING-RECREATION SMOKE COMPARTMENT.		

Response Required Date <b>11-18-12</b>	Signature of Facility Representative <i>Karne Magee</i>	Date Signed <b>10-18-12</b>
---	--	--------------------------------