



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

November 16, 2012

Kimberly Johnson, Administrator
Bristol Heights Assisted Living
2220 West Prairie Avenue
Coeur d'Alene, ID 83815

License #: RC-1011

Dear Ms. Johnson:

On November 7, 2012, a Fire Life Safety Survey was conducted at Bristol Heights Assisted Living. 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



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Kimberly Johnson, Administrator
Bristol Heights Assisted Living
2220 West Prairie Avenue
Coeur d'Alene, ID 83815

Dear Ms. Johnson:

On November 7, 2012, a Fire Life Safety Survey was conducted at Bristol Heights Assisted Living. 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 December 7, 2012.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'MPG', followed by a long, sweeping horizontal line that extends to the right.

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

MPG/dmj
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1011	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BRISTOL HEIGHTS B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2012
NAME OF PROVIDER OR SUPPLIER BRISTOL HEIGHTS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2220 WEST PRAIRIE AVENUE COEUR D ALENE, ID 83815		
(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 November 7, 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 BRISTOL HEIGHTS	Physical Address 2220 WEST FRANCIE AVE	Phone Number 208-661-6173
Administrator KIMBERLY JOHNSON	City COEUR D'ALENE	ZIP Code 83815
Survey Team Leader TOM MOUZ	Survey Type FIRE LIFE SAFETY	Survey Date 11-7-12

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	410.02	THE FACILITY DID NOT PERFORM A MINIMUM OF ONE (1) FIRE DRILL PER SHIFT PER QUARTER. WHEN REQUESTED THE FACILITY WAS UNABLE TO PROVIDE DOCUMENTATION OF FIRE DRILLS AS FOLLOWS - BUILDING 1, 2, 1 ST SHIFT, 3 RD QUARTER 2012.	11-8-12	TOM
2	415.04	THE FACILITY WAS UNABLE TO PROVIDE THE ANNUAL FIRE ALARM SYSTEM INSPECTION REPORT.		
		FIRE ALARM INSPECTION 8-24-12		

Response Required Date 12-7-12	Signature of Facility Representative 	Date Signed
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