



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)

April 22, 2013

Mike Grabenstein, Administrator  
Coeur d'Alene Homes--Phase II  
624 West Harrison  
Coeur d'Alene, ID 83814

License #: RC-863

Dear Mr. Grabenstein:

On November 7, 2012, a Fire Life Safety Survey was conducted at Coeur d'Alene Homes--Phase II. 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 me at (208) 334-6626.

Sincerely,

Tom Mroz  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TM/nm

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



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December 17, 2012

Mike Grabenstein, Administrator  
Coeur d'Alene Homes--Phase II  
624 West Harrison  
Coeur d'Alene, ID 83814

Dear Mr Grabenstein:

In your letter to the Facility Fire Safety & Construction Program dated December 4, 2012, you requested additional time to resolve the non-core punch list items cited during the Life Safety Code Survey survey conducted on November 7, 2012.

The Facility Fire Safety & Construction Program has considered your request and is granting a 150-day extension from the date of the original due date listed on the punch list left with you during your survey exit conference. The new due date for your evidence of resolution to be received by this office is April 23, 2013.

Please call me at (208) 334-6626 if you have questions, or if we can be of further assistance.

Sincerely,

TOM MROZ  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TM/nm



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November 16, 2012

Mike Grabenstein, Administrator  
Coeur d'Alene Homes--Phase II  
624 West Harrison  
Coeur d'Alene, ID 83814

Dear Mr. Grabenstein:

On November 7, 2012, a Fire Life Safety Survey was conducted at Coeur d'Alene Homes--Phase II. 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,

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:  13R863	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED  11/07/2012
NAME OF PROVIDER OR SUPPLIER  COEUR D'ALENE HOMES--PHASE II		STREET ADDRESS, CITY, STATE, ZIP CODE 624 WEST HARRISON 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	Initial Comments  The facility was found to be in substantial compliance with the fire and life safety requirements of IDAPA 16.03.22 Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on November 7, 2012.  The surveyor conducting the survey was:  Tom Mroz CFI-II Health Facility Surveyor Facility Fire/Life Safety & Construction Program	R 000	Sensitivity Test Smoke DETECTOR  Fire EXT  Fuel Fired Equipment  Generator weekly test	12-3-12  11-30-12  11-29-12 11-21-12  11-12-12
				

Bureau of Facility Standards

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

*Jim Clark supervisor*

(X6) DATE

12-4-12



Facility Name <i>COEUR D'ALENE HOMES II</i>	Physical Address <i>1624 W HARRISON</i>	Phone Number <i>208-664-8119</i>
Administrator <i>MIKE GRAGENSTEIN</i>	City <i>COEUR D'ALENE</i>	ZIP Code <i>83814</i>
Survey Team Leader	Survey Type <i>FIRE LIFE SAFETY</i>	Survey Date <i>11-7-12</i>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
4	16.03.22 415.01	THE ANNUAL FIRE SPRINKLER INSPECTION DATED 4-26-12 NOTES THREE FIRE SPRINKLER RELATED DEFICIENCIES. WHEN REQUESTED FOR DOCUMENTATION INDICATING DEFICIENCIES HAVE BEEN CORRECTED, THE FACILITY WAS UNABLE TO PROVIDE DOCUMENTATION. SPRINK CORRECTIONS WERE MADE	3-8-13	TJM
5	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 THE 1ST QUARTER 2012 NOCTURNAL SHIFT.	11-30-12	TJM
6	415.03	THE FIRE EXTINGUISHER IN THE LAUNDRY ROOM IS PAST DUE FOR INSPECTION (4-11)	11-30-12	TJM
7	415.01	THE FACILITY IS NOT DOCUMENTING WEEKLY OR MONTHLY CHECKS OF THE GENERATOR	11-12-12	TJM

Response Required Date

Signature of Facility Representative

Date Signed

*12-7-12*

*11/7/12*  
*TJM*



Facility Name <i>COEUR D'ALENE HOMES II</i>	Physical Address <i>624 W HARRISON</i>	Phone Number <i>208-664-8119</i>
Administrator <i>MIKE KRASZELSTEIN</i>	City <i>COEUR D'ALENE ID</i>	ZIP Code <i>83814</i>
Survey Team Leader <i>TOM MROZ</i>	Survey Type <i>FIRE LIFE SAFETY</i>	Survey Date <i>11-7-12</i>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.02	THE FACILITY DID NOT HAVE THE FUEL FIRED EQUIPMENT ANNUALLY INSPECTED. WHEN REQUESTED FOR A COPY OF THE INSPECTION REPORT THE FACILITY WAS UNABLE TO PROVIDE DOCUMENTATION	11-21-12 11-29-12	<i>TKM</i>
2	402	THE FACILITY HAS NO RECORDS OF SENSITIVITY TESTING OF THE SMOKE DETECTORS. WHEN REQUESTED FOR A COPY OF THE INSPECTION REPORT, THE FACILITY WAS UNABLE TO PROVIDE DOCUMENTATION	12-3-12 <i>TKM</i>	<i>OK</i>
3	415.01	THE FACILITY HAS NO RECORD OF FIRE SPRINKLER INTERNAL PIPING INSPECTION. WHEN REQUESTED TO SEE THE 5 YEAR INTERNAL PIPING INSPECTION REPORT THE FACILITY WAS UNABLE TO PROVIDE DOCUMENTATION	4-5-13	<i>TKM</i>

Response Required Date <i>12-7-12</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>12/7/12</i>
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