



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

January 14, 2013

Jeffrey Mikesell, Administrator
Rose Terrace Country Homes
PO Box 177
Spirit Lake, ID 83869

License #: RC-807

Dear Mr. Mikesell:

On December 12, 2012, a Fire Life Safety Survey was conducted at Rose Terrace Country Homes. 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 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/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

December 19, 2012

Jeffrey Mikesell, Administrator
Rose Terrace Country Homes
PO Box 177
Spirit Lake, ID 83869

Dear Mr. Mikesell:

On December 12, 2012, a Fire Life Safety Survey was conducted at Rose Terrace Country Homes. 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 January 11, 2013.

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/nm
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R807	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2012
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ROSE TERRACE COUNTRY HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 5672 WEST RHODE ISLAND SPIRIT LAKE, ID 83869
---	--

(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 December 12, 2012.</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

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



p.2

208-623-5020

Roseterrace

Jan 10 13 01:52p

Facility Name Rose Terrace Country Homes	Physical Address 567a W Rhode Island	Phone Number 208-623-6154
Administrator Jeffrey Mikesell	City Spirit Lake Id	ZIP Code 83869
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 12-12-12

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.05	The last ANNUAL AUTOMATIC fire sprinkler system inspection WAS ON 11-17-11.	12-18-12	7B
2	410.02	The facility did not conduct one drill per shift per QUARTER.	12-21-12	7B
3	415.01	There ARE two PAINTED sprinkler heads in the living room.	12-18-12	7B
4	415.01	The four exit signs do not illuminate.	1-10-13	7B
5	415.01	The emergency light in the second kitchen does not work.	1-10-13	7B
6	405.01	The facility is using AN extension cord to power Christmas lights in the living room.	12-13-12	7B

RECEIVED

JAN 10 2013

FACILITY STANDARDS

Response Required Date 1-12-13	Signature of Facility Representative <i>[Signature]</i> / manager	Date Signed 12-12-12
--	--	--------------------------------