



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 16, 2013

Bridget Kosinski, Administrator
Emeritus at Coeur d'Alene
3131 Elliott Avenue - Suite 500
Seattle, WA 98121

License #: RC-771

Dear Ms. Kosinski:

On December 13, 2012, a Fire Life Safety Survey was conducted at Emeritus at Coeur d' Alene. 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 plan of correction and 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,

A handwritten signature in black ink, appearing to read "Taylor Barkley". The signature is fluid and cursive, with a large loop at the end.

Taylor Barkley
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/nm

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



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December 19, 2012

Bridget Kosinski, Administrator
Emeritus at Coeur d'Alene
3131 Elliott Avenue - Suite 500
Seattle, WA 98121

Dear Ms. Kosinski:

On December 13, 2012, a Fire Life Safety Survey was conducted at Emeritus at Coeur d' Alene. 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 12, 2013.

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 "M. P. Grimes", followed by a long horizontal line extending to the right.

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: 13R771 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____ | (X3) DATE SURVEY COMPLETED 12/13/2012 |
|---|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER EMERITUS AT COEUR D' ALENE | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST ANTON 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 December 13, 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



| | | |
|---|---|-------------------------------------|
| Facility Name Emeritus at Coeur D'Alene | Physical Address 205 East Anton Ave | Phone Number 208-667-6490 |
| Administrator Bridget Kosinski | City COEUR D'ALENE | ZIP Code 83815 |
| Survey Team Leader Taylor Barkley | Survey Type | Survey Date 12-13-12 |

NON-CORE ISSUES

| ITEM # | RULE # | DESCRIPTION | DATE RESOLVED | L & C USE |
|--------|--------|--|---------------|-----------|
| 1 | 410.02 | The facility did not conduct one drill per shift per quarter. | 12-28-12 | TB |
| 2 | 404.01 | The facility did not test the emergency lights for 30 seconds a month or 90 minutes once a year. | 12-28-12 | TB |
| 3 | 404.01 | The facility does not have a documented smoke detector sensitivity test. | 1-9-13 | TB |
| 4 | 415.02 | The fuel fired heating devices have not been annually inspected. | 12-31-12 | TB |
| | | Items #1 and #2 are repeat deficiencies that were previously cited on April 21, 2010. | | |

Response Required Date

1-13-13

Signature of Facility Representative

Date Signed

12/13/12