



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

May 7, 2014

Melinda Weber, Administrator
Renaissance at Coeur d'Alene
2772 West Avante' Loop
Coeur d'Alene, ID 83815

License #: RC-1043

Dear Ms. Weber:

On April 17, 2014, a Fire Life Safety Survey was conducted at Renaissance at Coeur d'Alene Assisted Living Community. 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 Sam Burbank, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

SAM BURBANK
Health Facility Surveyor
Facility Fire Safety & Construction Program

SB/lj



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April 25, 2014

Melinda Weber, Administrator
Renaissance at Coeur d'Alene
2772 W Avante' Loop
Coeur d'Alene, ID 83815

Dear Ms. Weber:

On April 17, 2014, a Fire Life Safety Survey was conducted at Renaissance at Coeur d'Alene Assisted Living Community. 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 May 19, 2014.

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. Grimes', followed by a long horizontal line extending to the right.

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: 13R1043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2014
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NAME OF PROVIDER OR SUPPLIER RENAISSANCE AT COEUR D'ALENE ALC	STREET ADDRESS, CITY, STATE, ZIP CODE 2772 W AVANTE' LOOP COEUR D ALENE, ID 83815
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(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
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R 000	<p>Initial Comments</p> <p>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 .</p> <p>The surveyor conducting the survey was:</p> <p>Dan Holbrook Health Facility Surveyor Facility Fire/Life Safety & Construction Program Sam Burbank, Health Facility Supervisor Mark Grimes, Supervisor, FFS&C</p>	R 000		
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Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Facility Name <i>Chateaufort, Michelle</i> <i>The Renaissance At CDA</i>	Physical Address <i>2772 W Avante' Loop</i>	Phone Number <i>(208) 664-6116</i>
Administrator <i>Mindy Weber</i>	City <i>Coeur d'Alene</i>	ZIP Code <i>83815</i>
Survey Team Leader <i>Dan Holbrook</i>	Survey Type <i>Fire Life Survey</i>	Survey Date <i>4/17/14</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	16.03.22 .401	Ref NFPA 25 1-4.1 Fire Sprinkler Components Shall Be Readily Accessable At All Times. Storage Items Prevent Ready Access to Riser.	4/28/14	<input checked="" type="checkbox"/>
2	.250-10	Hot Water Temperature Shall Be Between 105° And 120° F. Water Temperature Results At 4 of 4 Tested Locations Was Below The Minimum Set Point Of 105° F.	4/28/14	<input checked="" type="checkbox"/>
3	415.01	The Facility Must Assure That All Equipment And Systems Are Properly Maintained To Assure The Safety Of The Residents. Construction Penetrations In The Mech. Room Are Unsealed And Will Allow Smoke To Move Through The Building.	4/18/14	<input checked="" type="checkbox"/>

Response Required Date <i>5/18/14</i>	Signature of Facility Representative <i>Keri M... [Signature]</i>	Date Signed <i>4/17/14</i>
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