



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)

June 18, 2013

Theresa Wessels, Administrator  
Emeritus At Juniper Meadows  
3131 Elliott Avenue - Suite 500  
Seattle, WA 98121

License #: Rc-595

Dear Ms. Wessels:

On May 15, 2013, a Fire Life Safety Survey was conducted at Emeritus At Juniper Meadows. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.

This office is accepting your submitted plan of correction and 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

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COPY



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May 22, 2013

Theresa Wessels, Administrator  
Emeritus at Juniper Meadows  
3131 Elliott Avenue - Suite 500  
Seattle, WA 98121

Dear Ms. Wessels:

On May 15, 2013, a Fire Life Safety Survey was conducted at Emeritus at Juniper Meadows. 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 June 15, 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:  13R595	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  05/15/2013
NAME OF PROVIDER OR SUPPLIER  EMERITUS AT JUNIPER MEADOWS		STREET ADDRESS, CITY, STATE, ZIP CODE 2975 JUNIPER DRIVE LEWISTON, ID 83501		
(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 fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on May 15, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Facility Fire/Life Safety &amp; Construction Program</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <b>EMERITUS AT JUNIPER HOUSE</b>	Physical Address <b>2975 JUNIPER DRIVE</b>	Phone Number <b>208-746-8676</b>
Administrator <b>TARCESSA WESSEL</b>	City <b>LEWISTON, ID</b>	ZIP Code <b>83501</b>
Survey Team Leader <b>T. MROZ</b>	Survey Type <b>FIRE LIFE SAFETY</b>	Survey Date <b>5-15-13</b>

NON-CORE ISSUES PAGE #1 OF 2

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1.	410.02	<del>THE FACILITY DID NOT PRODUCE A COPY OF FIRE (L) REC. WILL PER SHIFTS PER QUARTER. WHICH REQUIRED THE FACILITY INTO UNABLE TO PROVIDE DOCUMENTED FIRE DRILL RECORDS FOR THE 2<sup>ND</sup> &amp; 3<sup>RD</sup> SHIFTS DURING 4<sup>TH</sup> QUARTER</del>	5-15-13 (DROPPED)	TR
2.	405.05	OPEN CEILING PENETRATION, 1 <sup>ST</sup> FLOOR SMOKE ROOM	5-16-13	TR
3.	415.01	FIRE ALARM PULL STATION UNLOCKED WILL NOT ACTIVATE ALARM IN UNLOCKED POSITION IF NEEDED. PULL STATION BY ROOM 222	6-13-13	TR
4.	405.01.b	2 <sup>ND</sup> FLOOR HOUSEKEEPING CLOSET, REDUCIBLE POWER TAP UTILIZED FOR MICROWAVE, TOASTER & HOT PLATE.	6-13-13	TR
5.	405.05	2 <sup>ND</sup> FLOOR ELEVATOR ROOM ITEMS UNRELATED TO ELEVATOR MAINTENANCE BEING STORED IN ROOM	6-13-13	TR

Response Required Date <b>6-15-13</b>	Signature of Facility Representative <b>Hope Brackett</b>	Date Signed <b>5/15/13</b>
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