



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

August 4, 2014

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

License #: RC-771

Dear Mr. Doughton:

On July 8, 2014, 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:

- 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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July 18, 2014

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

Dear Mr. Doughton:

On July 8, 2014, 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 August 8, 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 'MPG', with a long horizontal flourish 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: 13R771	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2014
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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
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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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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 July 8, 2014 .

The surveyor conducting the survey was:

Sam Burbank
Health Facility Surveyor
Facility Fire/Life Safety & Construction Program

R 000

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Facility Name EMERITUS OF COVAD VALLEY	Physical Address 205 EAST ANTON AVENUE	Phone Number 208-667-6490
Administrator SCOTT DOUGHTON	City COVAD VALLEY	ZIP Code 83814
Survey Team Leader SAM BURBANK	Survey Type ALS	Survey Date 7/8/14

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
	16.03.22		
1	405.01	1) O₂ CONCENTRATORS PLUGGED INTO RELOCATABLE POWER TAPS IN RESIDENT ROOMS # 216 & 241	7-24-14 SB
		2) MULTI OUTLET - NON/GROUNDED EXTENSION CORD IN USE IN RESIDENT ROOM 147; 4X2 MULTI-OUTLET IN USE IN SAME ROOM	7-24-14 SB
		3) TLC OFFICE HAD (2) MINI FRIDGES PLUGGED INTO (1) RELOCATABLE POWER TAP & (1) INTO ANOTHER SUBSTITUTE DIRECT WIRING	7-24-14 SB
2	415.03	K-STYLE FIRE EXTINGUISHER HAS NO PLACARD PER NFPA #10	7-24-14 SB
3	415.01	1) ALL E-LIGHTS TESTED ON 1ST FLOOR BATTERIES DEAD - TESTED 5 OF 10 COUNTED, INFORMED ALL ORDERED	7-24-14 SB
4	405.05	1) HAZARDOUS AREA DOORS NOT SELF-CLOSING - (2) OF (3) DOORS AT KITCHEN REQUIRED TO SELF-CLOSE WOULD NOT CLOSE - DOOR TO CORRIDOR WOULD NOT SELF CLOSE - DOOR TO KITCHEN PROPPED OPEN	7-24-14 SB

Response Required Date

8/8/14

Signature of Facility Representative

Scott Doughton

RECEIVED

JUL 28 2014



Facility Name EMERITUS OF COUER D'ALLEN	Physical Address 205 EAST ANTON AVE	Phone Number 208 667 6490
Administrator SCOTT DOUGHTON	City COUER D'ALLEN	ZIP Code 83814
Survey Team Leader SAM BURBANK	Survey Type FLS	Survey Date 7/8/14

NON-CORE ISSUES PAGE 2 OF

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
	10.03.22		
	405.05 (CONT.)	2) UNSECURED OXYGEN IN 2ND FLOOR MEDICAL RECORDS & EQUIPMENT STORAGE ROOM LOCATED BEHIND PRIMARY STORAGE ABUTTING RM 230	7/8/14 SB
		3) 2ND FLOOR EXIT SIGN OUTSIDE RM # 213 DOES NOT POINT TO STAIRS	7/8/14 SB
5	415.01	1) SMOKE DETECTORS NOT RESPOND IN A TIMELY PER ANNUAL INSPECTION - SHOWED UNSATISFACTORY	7-24-14 SB
		2) PULL STATION SHOWED UNSATISFACTORY PER ANNUAL REPORT DID NOT ACTIVATE OR RESET IN REQUIRED TIME	7-24-14 SB
6	415.03	K-STALK FIRE EXTINGUISHER SHOWED AS NEEDING REPLACED ON ANNUAL INSPECTION	7-24-14 SB
7	405.05	STORAGE BEHIND BATHROOM ON 2ND FLOOR OVER 50# NEXT TO 216 NEEDS TO S/C - (SELF-CLOSE) PER HAZARDOUS AREA.	7-24-14 SB

Response Required Date 8/8/14	Signature of Facility Representative Scott Doughton
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