



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 14, 2014

Gay James, Administrator
Bridge Assisted Living at Sandpoint
1123 North Division Street
Sandpoint, ID 83864

License #: RC-610

Dear Ms. James:

On July 10, 2014, a Fire Life Safety Survey was conducted at Bridge Assisted Living at Sandpoint. 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

Gay James, Administrator
Bridge Assisted Living at Sandpoint
1123 North Division Street
Sandpoint, ID 83864

Dear Mrs. James:

On July 10, 2014, a Fire Life Safety Survey was conducted at Bridge Assisted Living at Sandpoint, Sandpoint Medical Investors. 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 9, 2014.

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/lj
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R610	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2014
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NAME OF PROVIDER OR SUPPLIER BRIDGE ASSISTED LIVING AT SANDPOINT	STREET ADDRESS, CITY, STATE, ZIP CODE 1123 NORTH DIVISION STREET SANDPOINT, ID 83864
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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 July 10, 2014.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	R 000		
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Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____



Facility Name BRIDGE ASSISTED LIVING AT SANDPOINT	Physical Address 1123 NORTH DIVISION ST.	Phone Number 208-263-1524
Administrator GAYLYNN JAMES	City SANDPOINT	ZIP Code 83864
Survey Team Leader SAM BURBANK	Survey Type FLS	Survey Date 7/10/14

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	405.05	1) KITCHEN DOORS WOULD SELF CLOSE - HAZARDOUS AREA DOORS USING SPRINKLER OPTION - DOORS NEED TO SELF CLOSE & RESIST PASSAGE OF SMOKE	7/14/14 SB
		2) STORAGE AREA GREATER THAN GENERAL OCCUPANCY HAZARD UNDER STAIRS - DOOR WOULD NOT SELF-CLOSE. ARMATURE WAS REMOVED. (NORTHWEST)	7/14/14 SB
2	250.15	CALL SYSTEM MISSING IN RESIDENT ACCESSIBLE RESTROOM ON 2ND FLOOR ACCESS FROM ROOM 221	
3	415.05	FACILITY FAILED TO PERFORM SEMI-ANNUAL HOOD SUPPRESSION INSPECTION	7/14/14 SB

Response Required Date 8/10/14	Signature of Facility Representative
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