



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)

September 4, 2014

Erika Schreiber, Administrator  
Creekside Inn Assisted Living Alzheimer's Community  
240 East Kathleen Avenue  
Coeur d'Alene, ID 83814

License #: RC-954

Dear Ms. Schreiber:

On August 21, 2014, a Fire Life Safety Survey was conducted at Creekside Inn Assisted Living Alzheimer's Community. 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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RICHARD M. ARMSTRONG – Director

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September 3, 2014

Erika Schreiber, Administrator  
Creekside Inn Assisted Living Alzheimer's Community  
240 East Kathleen Avenue  
Coeur d'Alene, ID 83814

Dear Ms. Schreiber:

On August 21, 2014, a Life Safety Code survey was conducted at Creekside Inn Assisted Living Alzheimer's Community.

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 five (5) non-core issue deficiencies were identified on the punch list and one (1) was identified as a repeat punch-- Punchlist Item #3, tag 405.07 relating to delayed egress locks. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than September 20, 2014.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to the Licensing and Certification
- d. Civil monetary penalties

Erika Schreiber, Administrator

September 3, 2014

Page 3 of 3

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us 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

Program 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:  <b>13R954</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - ENTIRE BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/21/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CREEKSIDE INN ASSISTED LIVING ALZHEIME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>240 EAST KATHLEEN AVENUE COEUR D'ALENE, ID 83814</b>
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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	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 August 21, 2014.  The surveyor conducting the survey was:  Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & Construction Program	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 <b>CREEKSIDE INN</b>	Physical Address <b>240 E. KATHLEEN</b>	Phone Number <b>208-655-2444</b>
Administrator <b>ERIKA SCHRIEBER</b>	City <b>COEUR D'ALENE</b>	ZIP Code <b>83814</b>
Survey Team Leader <b>SAM BURBANK</b>	Survey Type <b>FLS</b>	Survey Date <b>8/21/14</b>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	415.02	INSPECTION FUEL FIRED HEATING SYSTEMS REPORT NOT AVAILABLE	8/28/14 (ES)
2	415.05	SEMI-ANNUAL HOOD INSPECTION REPORT FOR 12/-/13 NOT AVAILABLE	8/28/14 (ES)
3	405.09	DELAYED EXPRESS LOCKS NOT MAINTAINED; KITCHEN EXIT NOT RELEASING, EXIT @ ROSE DINING 35 SEC. 30" WING, 33 SECONDS RELEASE - MAX 30 SECONDS SIGN MISSING @ #30 DIE DOOR.	8/22/14 (ES)
4	405.01	1) ELECTRICAL PANELS IN MAINTENANCE OFFICE BLOCKED 2) MISSING OUTLET COVERS (2) IN MAINTENANCE OFFICE	8/22/14 (ES)
5	405.05	MAINTENANCE OFFICE/SHOP - DOOR NEEDS TO SELF-CLOSE - HAZARDOUS AREA	8/25/14 (ES)

Response Required Date <b>9/21/14</b>	Signature of Facility Representative <b>Joe Vaagen, RN for Erika Schrieber, ED</b>
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**9/2/14**  
**Yuk Salcedo ED**