



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626
FAX: 208-364-1888

October 28, 2013

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

License #: RC-610

Dear Mrs. James:

On September 9, 2013, a follow-up licensure 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.

Your submitted evidence of resolution is being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Maureen McCann, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Maureen McCann, RN
Team Leader
Health Facility Surveyor

MM/TFP

cc: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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September 20, 2013

Owen Snead, Administrator
Bridge Assisted Living at Sandpoint
1123 North Division Street
Sandpoint, ID 83864

Dear Mr. Snead:

An unannounced, on-site complaint investigation survey was conducted at Bridge Assisted Living at Sandpoint on September 9, 2013. At that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006174

Allegation #1: The facility did not have a nurse available between 8/10/13 and 8/23/13.

Findings #1: On 9/9/13 at 9:35 AM, the administrator stated the facility nurse's last day was 8/9/13 and another nurse was hired to begin work on 9/23/13. He further stated, a full time facility nurse who worked at a sister facility filled in during the interim.

On 9/9/13, the facility's incident reports and 4 random resident records were reviewed. Nurse documentation and signatures were found in the facility's records between 8/9/13 and the survey date, 9/9/13.

Unsubstantiated. However, the facility was cited at IDAPA 16.03.22.305.03 for the nurse not completing assessments after residents experienced a change in condition.

Allegation #2: The facility nurse did not complete an assessment after residents experienced a change of condition.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.03 for the nurse not completing assessments after residents experienced a change in condition. The facility was required to submit evidence of resolution within 30 days.

Owen Snead, Administrator
September 20, 2013
Page 2 of 2

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, on **September 9, 2013**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in cursive script that reads "Maureen McCann, RN, BSN" with "for" written below it.

Maureen McCann, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/ftp

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program



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September 20, 2013

Owen Snead, Administrator
Bridge Assisted Living at Sandpoint
1123 North Division Street
Sandpoint, ID 83864

Dear Mr. Snead:

On September 9, 2013, a follow-up visit to the Licensure survey of January 30, 2013, was conducted at Bridge Assisted Living at Sandpoint, Sandpoint Medical Investors Limited Partnership. The core issue deficiencies issued as a result of the January 30, 2013, survey have been corrected.

- The conditions of your provisional license have been met. Your full license has been restored and a new certificate is enclosed.

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 October 9, 2013.

Should you have questions, please contact me at (208) 364-1962.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

MM/tfp

cc: L&C Medicaid Notification Group