



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

October 15, 2013

Jeffery Hill, Administrator
Pacifica Senior Living CDA
6400 SE Lake Road, Ste. 400
Portland, OR 97222

License #: RC-1049

Dear Mr. Hill:

On September 26, 2013, a Fire Life Safety Survey was conducted at Pacifica Senior Living Cda - Managed By Encore Senior Living, Llc. 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.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj



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October 1, 2013

Jeffery Hill, Administrator
Pacifica Senior Living CDA
840 East Dalton Ave.
Coeur d'Alene, ID 83815

Dear Mr. Hill:

Based on the fire life safety survey conducted by our staff at Pacifica Senior Living CDA on **September 26, 2013**, we have determined that the facility failed to protect residents from inadequate care and the facility did not provide a safe environment. The delayed egress locking systems on the exit door by the office in the Winter House and the front door on the Summer House do not activate when pressure is applied to the doors.

This core issue deficiency substantially limits the capacity of Pacifica Senior Living CDA to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **November 10, 2013**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?

Jeffery Hill, Administrator
October 1, 2013
Page 2 of 2

- ♦ What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **October 15, 2013**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to Mark Grimes, Supervisor, Facility Fire Safety & Construction Program, for a Level 1 IDR meeting. The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **October 15, 2013**, your request will not be granted.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Pacifica Senior Living CDA.

Please bear in mind that the core issue deficiency that was identified on the Statement of Deficiencies was identified as a repeat core issue. **Please ensure the facility is continually monitoring its compliance with state rules, as further repeat citations 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

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. Thank you for your continued participation in the Idaho residential care assisted living facility (RALF) program.

Sincerely,



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: 13R1049	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 06 - ALL 4 BUILDINGS B. WING: _____	(X3) DATE SURVEY COMPLETED 09/26/2013
NAME OF PROVIDER OR SUPPLIER PACIFICA SENIOR LIVING CDA		STREET ADDRESS, CITY, STATE, ZIP CODE 840 E DALTON AVE COEUR D ALENE, ID 83815		
(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	Initial Comments The following deficiency was cited during the standard Life Safety Code Survey conducted on September 26, 2013, at your residential care/assisted living facility. The facility was surveyed under the Life Safety Code, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies, and in accordance with IDAPA 16.03.22 - Residential Care or Assisted Living Facilities in Idaho. The surveyor conducting the survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction Program	R 000	The delayed egress locking doors were repaired 9/26/13. No residents were affected. The maintenance director will ensure delayed egress locking doors are checked two times a week, and as needed to ensure locks are releasing after the 15 second delay. Twice weekly checks of the delayed egress locking systems will be documented on a log. In addition, any delayed egress locking systems that are malfunctioning and the subsequent repair will be documented on the logs. Logs will be reviewed monthly by the Executive Director. In the event any of the delayed egress locking systems do not release, a care giver on each cottage is equipped with a service key to disengage the delayed egress locking system. In addition staff has been instructed to notify the maintenance director/	
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based on observation and operational testing, it was determined that the facility failed to protect residents from inadequate care by not ensuring that residents were living in a safe environment. This deficiency can prevent prompt and safe evacuation of the facility in the event of an emergency. The facility had a census of fifteen residents during the survey. This deficiency affected all residents, staff and visitors. Findings include: During a tour of the facility on September 26, 2013 between 12:50 PM and 1:00 PM, it was	R 008		

Bureau of Facility Standards

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

TITLE

(X6) DATE

Bonita M Powers

Administrator

10/11/13

PRINTED: 09/30/2013
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1049	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - ALL 4 BUILDINGS B. WING: _____	(X3) DATE SURVEY COMPLETED 09/28/2013
NAME OF PROVIDER OR SUPPLIER PACIFICA SENIOR LIVING CDA		STREET ADDRESS, CITY, STATE, ZIP CODE 840 E DALTON AVE COEUR D'ALENE, ID 83815		
(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)	(X6) COMPLETE DATE
R 008	Continued From page 1 revealed that the delayed egress locking systems on exit doors in two of four buildings would not activate upon pressure being applied to the doors. Observation of operational testing on the exit door by the office in the Winter house and the front door on the Summer house revealed that the delayed egress locking systems would not engage and begin an irreversible release process. This is a repeat core deficiency previously cited on July 30, 2013. Actual NFPA Standard: Chapter 33 EXISTING RESIDENTIAL BOARD AND CARE OCCUPANCIES 33.2.2.5.5 No door in any means of escape shall be locked against egress when the building is occupied. Exception: Delayed-egress locks complying with 7.2.1.6.1 shall be permitted on exterior doors. 7.2.1.6.1 Delayed-Egress Locks. Approved, listed, delayed-egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided that the following criteria are met. (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6.	R 008	Executive Director immediately if this were to occur. Staff was in-serviced on 10/10/13. Executive Director will ensure correction is on-going. Correction was completed on 10/10/13.	

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1049	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - ALL 4 BUILDINGS B. WING: _____	(X3) DATE SURVEY COMPLETED 09/26/2013	
NAME OF PROVIDER OR SUPPLIER PACIFICA SENIOR LIVING CDA		STREET ADDRESS, CITY, STATE, ZIP CODE 840 E DALTON AVE COEUR D ALENE, ID 83815		
(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 008	Continued From page 2 (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf (67 N) nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted. (d) * On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 in. (2.5 cm) high and not less than 1/8 in. (0.3 cm) in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS	R 008		