



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)

December 30, 2014

Bonita Powers, Administrator  
Pacifica Senior Living Coeur d'Alene  
840 East Dalton Ave  
Coeur d'Alene, ID 83815

License #: RC-1067

Dear Ms. Powers:

On November 7, 2014, a Fire Life Safety Survey was conducted at Pacifica Senior Living Coeur d'Alene. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- 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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November 19, 2014

Bonita Powers, Administrator  
Pacifica Senior Living Coeur d'Alene  
840 East Dalton Avenue  
Coeur d'Alene, ID 83815

Dear Ms. Powers:

On November 7, 2014, a Fire Life Safety Survey was conducted at Pacifica Senior Living 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 December 8, 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:  <b>13R1067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - CEDAR HOUSE</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/07/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PACIFICA SENIOR LIVING COEUR D'ALENE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>840 E DALTON AVE COEUR D ALENE, ID 83815</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	<p><b>Initial Comments</b></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 November 7, 2014.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety &amp; 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
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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R1067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - OAK HOUSE  B. WING _____	(X3) DATE SURVEY COMPLETED  11/07/2014
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NAME OF PROVIDER OR SUPPLIER  PACIFICA SENIOR LIVING COEUR D'ALENE	STREET ADDRESS, CITY, STATE, ZIP CODE 840 E DALTON AVE COEUR D ALENE, ID 83815
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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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Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R1067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 03 - PINE HOUSE  B. WING _____	(X3) DATE SURVEY COMPLETED  11/07/2014
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NAME OF PROVIDER OR SUPPLIER  PACIFICA SENIOR LIVING COEUR D'ALENE	STREET ADDRESS, CITY, STATE, ZIP CODE 840 E DALTON AVE COEUR D ALENE, ID 83815
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Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R1067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 04 - FIR HOUSE  B. WING _____	(X3) DATE SURVEY COMPLETED  11/07/2014
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NAME OF PROVIDER OR SUPPLIER  PACIFICA SENIOR LIVING COEUR D'ALENE	STREET ADDRESS, CITY, STATE, ZIP CODE 840 E DALTON AVE COEUR D ALENE, ID 83815
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Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_





Facility Name <i>PACIFICA SENIOR LIVING</i>	Physical Address <i>830 E. DALTON (OAK)</i>	Phone Number <i>208-215-3064</i>
Administrator <i>BONITA POWERS</i>	City <i>COVERDALE</i>	ZIP Code <i>83815</i>
Survey Team Leader <i>Sam BURBANK</i>	Survey Type <i>FLS</i>	Survey Date <i>11/7/14</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	<i>16.03.22</i> 415.05	ESCUCHEDON FOIL SPRINKLER MISSING @ LAUNDRY ROOM & DOWN FROM CEILING @ KITCHEN	
2	405.05	DELAYED EGRESS DOORS WOULD NOT DROP WITH 15 LBF FORCE @ FRONT & EAST EXITS	<i>11/7/14</i>
3	415.04	PULL STATION @ FRONT DOOR - "FIRE" WORDING HAS BEEN REMOVED/WIPED OFF BY SOLVENT	
4	405.05	HAND SANITIZER INSTALLED OVER IGNITION SOURCE @ ENTRY @ EAST EXIT	
5	405.05	NO MONTHLY OR ANNUAL TESTING RECORD FOR EMERGENCY LIGHTING	

Response Required Date <i>12/7/14</i>	Signature of Facility Representative <i>Bonita M Powers, Admin</i>
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Facility Name <b>PACIFICA SENIOR LIVING</b>	Physical Address <b>840 E. DIXON (FIR)</b>	Phone Number <b>208-215-3064</b>
Administrator <b>BONITA POWERS</b>	City <b>COUET</b>	ZIP Code <b>83815</b>
Survey Team Leader <b>Sam BURBANK</b>	Survey Type <b>FLS</b>	Survey Date <b>11/7/14</b>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	415.05	(2) SPRINKLER ESCUTCHEONS MISSING IN MAND ROOM	
2	405.05	1) DELAYED EGRESS DOORS WOULD NOT DROP WITH 15 LBF FORCE @ EAST EXIT 2) NO SIGN FOR DELAYED EGRESS DOOR @ EAST EXIT	11/7/14 11/7/14
3	405.05	HAND SANITIZER INSTALLED OVER IGNITION SOURCE @ FRONT DOOR & EAST EXIT	
4	405.05	NO MONTHLY OR ANNUAL TESTING RECORD FOR EMERGENCY LIGHTING	
5	405.05	DOOR TO N/EAST BEDROOM NOT LATCHING	

Response Required Date

12/7/14

Signature of Facility Representative

Bonita M. Powers, Admin