



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

December 30, 2014

Hope Brackett, Administrator
Emeritus at Juniper Meadows
3131 Elliott Avenue-- Suite 500
Seattle, WA 98121

License #: RC-595

Dear Ms. Brackett:

On November 20, 2014, a Fire Life Safety Survey was conducted at Emeritus at Juniper Meadows. 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



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

December 2, 2014

Hope Brackett, Administrator
Emeritus at Juniper Meadows
2975 Juniper Drive
Lewiston, ID 83501

Dear Ms. Brackett:

On November 20, 2014, a Life Safety Code survey was conducted at Emeritus At Juniper Meadows.

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 eleven (11) non-core issue deficiencies were identified on the punch list and one (1) was identified as a repeat punch. 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 **December 22, 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

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, option 3. Thank you for your continued participation in the Idaho Residential Assisted Living Facility (RALF) Program.

Sincerely,

MARK P. GRIMES
Program Supervisor
Facility Fire Safety & Construction Program

MPG/lj

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R595	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EMERITUS AT JUNIPER MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 2975 JUNIPER DRIVE LEWISTON, ID 83501
--	---

(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	<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 November 20, 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		
-------	--	-------	--	--

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------



Facility Name EMERITUS @ JUNIPER MEADOWS	Physical Address 2975 JUNIPER DRIVE	Phone Number 208-746-8676
Administrator HOPE BRACKETT	City LEWISTON	ZIP Code 83501
Survey Team Leader SAM BURBANK	Survey Type FLS	Survey Date 11/20/14

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
	16.03.22	PAGE 1 OF 3		
1	415.02	No ANNUAL FUEL FURNACE/GAS APPLIANCE INSPECTION	12/15/14	
2	415.05	1) NO QUARTERLY SPRINKLER INSPECTION 2) SEMI ANNUAL HOOD SUPPRESSION SYSTEM NOT CONDUCTED WITHIN 6 MONTHS	9/20/14	
3	410.02	FACILITY FAILED TO COMPLETE FIRE DRILLS 1 PER SHIFT PER QUARTER; DOUBLING UP SHIFTS TO MAXIMIZE EMPLOYEES (REPEAT)	11/20/14	
4	750.01	ADMINISTRATOR ASSURES FIRE DRILLS ARE CONDUCTED 1 PER SHIFT PER QUARTER	11/20/14	
5	415.01	1) DRY BARRA SPRINKLER HEADS NOT REPLACED NOTED ON REPORT 2) RISER ROOM BLOCKED W/ STORAGE (REPEAT)		
6	405.03	UNSECURED OXYGEN IN RESIDENT RM 106	11/20/14	

Response Required Date 12/20/14	Signature of Facility Representative Hope Brackett	Date Signed 11/20/14
---	--	--------------------------------



Facility Name EMERITUS @ JUNIPER MEADOWS	Physical Address 2975 JUNIPER DRIVE	Phone Number 208-746-8676
Administrator HOPE BRACKETT	City LEWISTON	ZIP Code 83501
Survey Team Leader SAM BURBANIK	Survey Type FLS	Survey Date 11/20/14

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
	16.03.22	PAGE 2 OF 3		
7	405.07	1) EMPLOYEE BREAKROOM EXIT DOOR NOT SINGLE OPERATION 2) BOTH EXIT DOORS FROM KITCHEN INTO DINING NOT SINGLE OPERATIONAL - ONE EQUIPPED WITH DEADBOLT, ONE WITH THROW BOLT	11/21/14	
8	405.05	1) MEDICAL RECORDS/WELLNESS - OVER 100 SQUARE FEET OF COMBUSTIBLE STORAGE NO SELF CLOSING DOOR 2) KITCHEN DOOR TO CORRIDOR PROPPED OPEN & WOULD NOT SELF-CLOSE. 3) KITCHEN DOORS TO DINING EQUIPPED WITH DOOR STOP/PROP DEVICES	11/21/14 11/21/14 11/21/14	
9	405.05	1) SMOKE COMPARTMENT DOOR ABUTTING BEHIND PAIOR NOT SELF-CLOSING/SEALING 2) UPPER VESTIBULE @ LIBRARY DOORS WOULD NOT SELF CLOSE/SEAL - OPEN TO FLOOR BELOW.	11/21/14 11/21/14	

Response Required Date 12/20/14	Signature of Facility Representative Hope Brackett	Date Signed 11/20/14
---	--	--------------------------------

