



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 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

October 26, 2009

Dennis Garrett, Administrator
Ace Elder Care
6646 Chippewa Drive
Bonners Ferry, Idaho 83805

License #: RC-818

Dear Mr. Garrett:

On September 15, 2009, a Fire Life Safety Survey was conducted at Ace Elder Care. 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 Tom Mroz, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TOM MROZ
Health Facility Surveyor
Facility Fire Safety & Construction Program

TM/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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September 29, 2009

Dennis Garrett, Administrator
Ace Elder Care
6646 Chippewa Drive
Bonners Ferry, Idaho 83805

Dear Mr. Garrett:

On September 15, 2009, a Fire Life Safety Survey was conducted at Ace Elder Care. 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 October 15, 2009.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/lj

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R818	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2009
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NAME OF PROVIDER OR SUPPLIER ACE ELDER CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6646+6652 CHIPPEWA DRIVE BONNERS FERRY, ID 83805
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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>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on September 15, 2009. The surveyor conducting the survey was:</p> <p>Tom Mroz Facility Fire Safety & Construction</p>	R 000		
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Bureau of Facility Standards	TITLE	(X6) DATE
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



Facility Name <i>ACE ELDER CARE</i>	Physical Address <i>6646 Chappena Drive</i>	Phone Number <i>267-6501</i>
Administrator <i>DENNIS GARRETT</i>	City <i>Bonners Ferry</i>	ZIP Code <i>83805</i>
Survey Team Leader <i>TONA MKOZ</i>	Survey Type <i>FIRE LIFE SAFETY</i>	Survey Date <i>9-15-09</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1)	415.02	FUEL FIRED HEATING - FUEL FIRED DEVICES MUST BE INSPECTED ANNUALLY - FACILITY FAILED TO PROVIDE ANNUAL INSPECTION REPORT	9/16/09 TR	
2)	415.044	FIRE ALARM SYSTEM REQUIRES ANNUAL INSPECTION. FACILITY FAILED TO PROVIDE ANNUAL FIRE ALARM INSPECTION REPORT	10/23/09 TR	
3)	410.01 410.02	WRITTEN AGREEMENT FOR LEASES - FIRE DRILLS - ALL PERSONNEL & RESIDENTS MUST PARTICIPATE IN A MINIMUM OF ONE (1) DRILL PER SHIFT PER QUARTER. NO FIRE DRILL RECORDS FOR 2009	10/13/09 TR	

Response Required Date <i>10-15-09</i>	Signature of Facility Representative <i>Dennis Garrett</i>	Date Signed <i>9/15/09</i>
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Facility Name <i>ACE ELDER CARE</i>	Physical Address <i>6052 CHARLENA DRIVE</i>	Phone Number <i>267-6501</i>
Administrator <i>DENNIS GARRETT</i>	City <i>BONNERS FERRY</i>	ZIP Code <i>83805</i>
Survey Team Leader <i>TOM NIBOZ</i>	Survey Type <i>FIRE LIFE SAFETY</i>	Survey Date <i>9-15-09</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1)	415.02	FUEL FIRED HEATING - FUEL FIRED DEVICES MUST BE INSPECTED ANNUALLY. FACILITY FAILED TO PROVIDE ANNUAL INSPECTION REPORT	1/16/09 TN	
2)	415.04A	FIRE ALARM SYSTEM REQUIRES ANNUAL INSPECTION. FACILITY FAILED TO PROVIDE ANNUAL FIRE ALARM INSPECTION REPORT	10/23/09 TN	
3)	410.02	FIRE DRILLS - ALL PERSONNEL & RESIDENTS MUST PARTICIPATE IN A MINIMUM OF ONE (1) DRILL PER SHIFT PER QUARTER. NO FIRE DRILL RECORDS FOR 2009.	10/13/09 TN	
4)	405.02(F)	PORTABLE HEATING DEVICES OF ANY KIND ARE PROHIBITED. THE WALL MOUNTED DEVICE IN ROOM # 6 IS CONSIDERED A PORTABLE HEATING DEVICE AND IS PROHIBITED.	9/16/09 TN	

Response Required Date <i>10-15-09</i>	Signature of Facility Representative <i>Danise Peole</i>	Date Signed <i>9/15/9</i>
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