



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)

August 14, 2014

Janel Davis, Administrator  
Evergreen-- Idaho Health Care Sandpoint  
624 South Division Avenue  
Sandpoint, ID 83864

License #: RC-511

Dear Ms. Davis:

On July 10, 2014, a Fire Life Safety Survey was conducted at Evergreen-- Idaho Health Care 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.

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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July 18, 2014

Janel Davis, Administrator  
Evergreen-- Idaho Health Care Sandpoint  
624 South Division Avenue  
Sandpoint, ID 83864

Dear Ms. Davis:

On July 10, 2014, a Life Safety Code survey was conducted at Evergreen-- Idaho Health Care Sandpoint.

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 seven (7) 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 August 10, 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. 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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R511	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  07/10/2014
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NAME OF PROVIDER OR SUPPLIER  EVERGREEN - IDAHO HEALTH CARE SANDPC	STREET ADDRESS, CITY, STATE, ZIP CODE 624 SOUTH DIVISION AVENUE SANDPOINT, ID 83864
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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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Initial Comments

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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 July 10, 2014

The surveyor conducting the survey was:

Sam Burbank  
Health Facility Surveyor  
Facility Fire/Life Safety & Construction Program

Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Facility Name <b>ETHELGRAND SANDPOINT ASSISTED LIVING</b>	Physical Address <b>624 SOUTH DIVISION</b>	Phone Number <b>208 265 2354</b>
Administrator <b>JANEL DAVIS</b>	City <b>SANDPOINT</b>	ZIP Code <b>83864</b>
Survey Team Leader <b>SAM BURBANK</b>	Survey Type <b>FLS</b>	Survey Date <b>7/10/14</b>

NON-CORE ISSUES 1 OF 2

1	415.05	1) FACILITY FAILED TO ENSURE ANNUAL FIRE SPRINKLER SYSTEM INSPECTION WAS COMPLETED 2) <del>(REPORT)</del> FACILITY NOT COMPLETING QUARTERLY SPRINKLER INSPECTIONS 3) SUPPRESSION SYSTEMS FOR KITCHEN HOOD NOT TESTED BI-ANNUALLY (REPORTS)	7-25 7-11 <del>8</del>
2	410.00	FIRE DRILLS NOT COMPLETED 1 PER SHIFT PER QUARTER MISSING (2) IN 1ST QUARTER (2) IN 3RD QUARTER (2) IN 4TH. REPORT	7-30
3	750.01	ADMINISTRATOR FAILED TO ENSURE FIRE DRILLS BEING PERFORMED 1 PER SHIFT PER QUARTER	7-22 <del>8</del>
4	415.01	SPRINKLER ESC HITCHCOCKS MISSING / NOT MAINTAINED	7-15 <del>8</del>
5	405.05	RM A-5 CONVERTED TO STORAGE OF MORE THAN CONSUMER QUANTITY OF COMBUSTIBLES - MORE THAN 10 GAL ACETONE/HALDOL/WASH	7-24 <del>8</del>

Response Required Date

Signature of Facility Representative

8/10/14

*Janel M. Manning*

