



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)

June 19, 2015

Rose Ann Mikesell, Administrator  
Rose Terrace Cottages  
1821 East Sherman Avenue-- Suite 5  
Coeur d'Alene, ID 83814

License #: RC-855

Dear Ms. Mikesell:

On May 19, 2015, a Fire Life Safety Survey was conducted at Rose Terrace Cottages. 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



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)

May 22, 2015

Rose Ann Mikesell, Administrator  
Rose Terrace Cottages  
1821 East Sherman Avenue-- Suite 5  
Coeur d'Alene, ID 83814

Dear Ms. Mikesell:

On May 19, 2015, a Fire Life Safety Survey was conducted at Rose Terrace Cottages. 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 June 18, 2015.

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:  13R855	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING A  B. WING _____	(X3) DATE SURVEY COMPLETED  05/19/2015
--------------------------------------------------	------------------------------------------------------------------	---------------------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER  ROSE TERRACE COTTAGES	STREET ADDRESS, CITY, STATE, ZIP CODE 632 NORTH 21ST STREET COEUR D'ALENE, ID 83814
-----------------------------------------------------------	-------------------------------------------------------------------------------------------

(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 May 19, 2015.</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		
-------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

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



Facility Name <b>ROSE TERRACE Cottages</b>	Physical Address <b>632 N. 21<sup>ST</sup> BLDG B/C</b>	Phone Number <b>208 655 0580</b>
Administrator <b>ROSE ANN MIKESSELL</b>	City <b>COVERDALE</b>	ZIP Code <b>83814</b>
Survey Team Leader <b>Sam BURBANK</b>	Survey Type <b>FLS</b>	Survey Date <b>5/19/15</b>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.05	1) MISSING ESCUTCHEON IN SPRINKLER RISER Rm 2) INSUFFICIENT NUMBER OF SPRINKLER HEADS (BLDG B) 3) BOX FOR SPARE SPRINKLERS LIVING ON FLOOR WITH CONTENTS SCATTERED - POSSIBLY DAMAGED SPRINKLER HEADS - NOT PROPERLY MOUNTED		
2	405.05	OPEN 4" HOLE IN GARAGE - ATTACHED - FROM APPARENT ELECTRICAL PAINT WORK		
3	405.05	BLDG C NORTHWEST BDRM DOOR NOT LATCHING		

Response Required Date <b>6/19/15</b>	Signature of Facility Representative <i>[Signature]</i> for Rose Ann Mikessell	Date Signed <b>5/19/15</b>
------------------------------------------	-----------------------------------------------------------------------------------	-------------------------------

