



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)

July 8, 2015

Angela Davila, Administrator  
The Cottages of Payette  
1481 7th Avenue North  
Payette, ID 83661

License #: RC-712

Dear Ms. Davila:

On June 16, 2015, a Fire Life Safety Survey was conducted at The Cottages of Payette. 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 Nathan Elkins, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

NATHAN ELKINS  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

NE/lj



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June 25, 2015

Angela Davila, Administrator  
The Cottages of Payette  
1481 7th Avenue North  
Payette, ID 83661

Dear Ms. Davila:

On June 16, 2015, a Fire Life Safety Survey was conducted at The Cottages of Payette. 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 July 16, 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:  <b>13R712</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/16/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COTTAGE INVESTORS LLC DBA THE COTTAC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1481 7TH AVENUE NORTH PAYETTE, ID 83661</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>Initial Comments</p> <p>The facility was found to be in substantial compliance with the life safety code requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard life safety code survey conducted on June 16, 2015.</p> <p>The survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Facility Fire Safety &amp; Construction</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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IDAHO DEPARTMENT OF  
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS  
Division of Licensing & Certification / DHW  
P.O. Box 83720  
Boise, ID 83720-0009  
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <b>Cottages of Payette</b>	Physical Address <b>1481 7<sup>th</sup> AVE North</b>	Phone Number <b>642-6199</b>
Administrator <b>Angela Davila</b>	City <b>Payette</b>	ZIP Code <b>83661</b>
Survey Team Leader <b>Nate Etkins</b>	Survey Type <b>Fire Life Safety</b>	Survey Date <b>6-16-15</b>

NON-CORE ISSUES

ITEM	RULE	DESCRIPTION	DATE RESOLVED
1	410.02	Fire Drills missing for 3 <sup>rd</sup> quarter & 4 <sup>th</sup> quarter	6-16-15 NE
2	750.01	Fire Drill reports were not available/maintained at/inside facility for 3 <sup>rd</sup> quarter & 4 <sup>th</sup> quarter	6-16-15 NE
3	154.01	Facility did not provide an emergency preparedness plan to follow in the event of a fire, explosion, flood, earthquake high wind, or other emergency	7-6-15 NE
4	154.02	Facility did not provide written procedures outlining steps to be taken in the event of an emergency including a) who is to respond b) each persons responsibility c) where & how residents are to be evacuated	6-16-15 NE
Response Required Date <b>7-16-15</b>		Signature of Facility Representative <i>[Signature]</i>	

RECEIVED JUN 15 2015 FACILITY STANDARDS

From:

To:

