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

February 13, 2013

Doris Foruria, Administrator
Cottage Investors, LLC dba The Cottages Of Emmett
411 East 12th Street
Emmett, ID 83617

License #: RC-698

Dear Ms. Foruria:

On January 9, 2013, a Fire Life Safety Survey was conducted at Cottage Investors, LLC dba The Cottages of Emmett. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- 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 me at (208) 334-6626.

Sincerely,

Tom Mroz
Health Facility Surveyor
Facility Fire Safety & Construction Program

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

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January 16, 2013

Doris Foruria, Administrator
Cottage Investors, LLC dba The Cottages of Emmett
411 East 12th Street
Emmett, ID 83617

Dear Ms. Foruria:

On January 9, 2013, a Fire Life Safety Survey was conducted at Cottage Investors, LLC dba The Cottages of Emmett. 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 February 9, 2013.

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/nm
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	13R698		01/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGE INVESTORS, LLC DBA THE COTTA	411 EAST 12TH STREET EMMETT, ID 83617

(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	Initial Comments 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 January 9, 2013. The surveyor conducting the survey was: Tom Mroz, CFI-II Health Facility Surveyor Facility Fire/Life Safety & Construction Program	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888
282-1164

3 pages

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
COTTAGES OF EMMETT	411 E 12TH ST	208-365-9490
Administrator	**City**	**ZIP Code**
DORIS FORURIA	EMMETT ID	83617
Survey Team Leader	**Survey Type**	**Survey Date**
T. MROZ	FIRE LIFE SAFETY	1-9-13

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	415.01	FIRE SPRINKLER SYSTEM - THE FACILITY DID NOT ENSURE THAT ALL EQUIPMENT AND SYSTEMS ARE PROPERLY MAINTAINED.	2-6-13	
		FIRE SPRINKLER ANNUAL INSPECTION DATED 12/11/12 NOTES DEFICIENCIES FOR BUILDING ONE & TWO.	2-6-13	

RECEIVED
FEB 08 2013
FACILITY STANDARDS

Response Required Date	Signature of Facility Representative	Date Signed
2-9-13	Doris Foruria	1-9-13