



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor
RICHARD M. ARMSTRONG - Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

April 4, 2011

Doris Foruria, Administrator
The Cottages Of Emmett
411 East 12th Street
Emmett, ID 83617

License #: Rc-698

Dear Ms. Foruria:

On March 9, 2011, a complaint investigation and state licensure 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 Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Rachel Corey, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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PHONE: (208) 334-6626
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March 10, 2011

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

Dear Ms. Foruria:

On March 9, 2011, a complaint investigation and state licensure survey was conducted at The Cottages Of Emmett. The facility was found to be providing a safe environment and safe, effective care to 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 April 8, 2011.

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

Sincerely,

Rachel Corey, RN
Team Leader
Health Facility Surveyor

Enclosure

Bureau of Facility Standards

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R698 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/09/2011 |
|--|---|---|---|--|
| NAME OF PROVIDER OR SUPPLIER COTTAGE INVESTORS, LLC DBA THE COTTA | | STREET ADDRESS, CITY, STATE, ZIP CODE 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 residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure, follow-up and complaint survey conducted on 3/7/11 through 3/9/11 at your facility. The surveyors conducting the survey were: Rachel Corey, RN Team Coordinator Health Facility Surveyor Karen Anderson, RN Health Facility Surveyor | R 000 | | |

Bureau of Facility Standards

TITLE

(X6) DATE

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



IDAHO DEPARTMENT OF

HEALTH & WELFARE Food Establishment Inspection Report

Food Protection Program, Division of Health
450 W. State Street, Boise, Idaho 83720-0036
208-334-5938

Bld #24



| | | | |
|--|-------------------------|----------------------------------|--|
| Establishment Name <u>Cottage of Emmet</u> | | Operator <u>Doris Foraker</u> | |
| Address <u>411 E 13th St</u> | | | |
| County <u>Ben</u> | Estab # <u>20028</u> | EHS/SUR # <u>20028</u> | Inspection time: _____ Travel time: _____ |
| Inspection Type: <u>Standard</u> | | Risk Category: <u>High</u> | Follow-Up Report: OR On-Site Follow-Up: Date: _____ Date: _____ |
| Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted. | | | |

| | |
|--|---|
| # of Risk Factor Violations <u>0</u> | # of Retail Practice Violations <u>0</u> |
| # of Repeat Violations _____ | # of Repeat Violations _____ |
| Score <u>0</u> | Score <u>0</u> |
| A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection | A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection. |

RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection.

| | Demonstration of Knowledge (2-102) | COS | R |
|------------|---|--------------------------|--------------------------|
| (Y) N | 1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code | <input type="checkbox"/> | <input type="checkbox"/> |
| | Employee Health (2-201) | | |
| (Y) N | 2. Exclusion, restriction and reporting | <input type="checkbox"/> | <input type="checkbox"/> |
| | Good Hygienic Practices | | |
| (Y) N | 3. Eating, tasting, drinking, or tobacco use (2-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N | 4. Discharge from eyes, nose and mouth (2-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Control of Hands as a Vehicle of Contamination | | |
| (Y) N | 5. Clean hands, properly washed (2-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N | 6. Bare hand contact with ready-to-eat foods/exemption (3-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N | 7. Handwashing facilities (5-203 & 6-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Approved Source | | |
| (Y) N | 8. Food obtained from approved source (3-101 & 3-201) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N | 9. Receiving temperature / condition (3-202) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N (NA) | 10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Protection from Contamination | | |
| (Y) N (NA) | 11. Food segregated, separated and protected (3-302) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N (NA) | 12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N | 13. Returned / reserve of food (3-306 & 3-801) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N | 14. Discarding / reconditioning unsafe food (3-701) | <input type="checkbox"/> | <input type="checkbox"/> |

| | Potentially Hazardous Food Time/Temperature | COS | R |
|-------------------|--|--------------------------|--------------------------|
| (Y) N (N/O) (N/A) | 15. Proper cooking, time and temperature (3-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N (N/O) (N/A) | 16. Reheating for hot holding (3-403) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N (N/O) (N/A) | 17. Cooling (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N (N/O) (N/A) | 18. Hot holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N (N/O) (N/A) | 19. Cold Holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N (N/O) (N/A) | 20. Date marking and disposition (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N (N/O) (N/A) | 21. Time as a public health control (procedures/records) (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Consumer Advisory | | |
| (Y) N (N/A) | 22. Consumer advisory for raw or undercooked food (3-603) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Highly Susceptible Populations | | |
| (Y) N (N/O) (N/A) | 23. Pasteurized foods used, avoidance of prohibited foods (3-801) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chemical | | |
| (Y) N (N/A) | 24. Additives / approved, unapproved (3-207) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N | 25. Toxic substances properly identified, stored, used (7-101 through 7-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Conformance with Approved Procedures | | |
| Y N (N/A) | 26. Compliance with variance and HACCP plan (8-201) | <input type="checkbox"/> | <input type="checkbox"/> |

Y = yes, in compliance N = no, not in compliance
N/O = not observed N/A = not applicable
COS = Corrected on-site R = Repeat violation
 = COS or R

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|--------------------|-------------|-----------------------------|------------|---------------|------|---------------|------|
| <u>Stove</u> | | <u>broiler</u> | | | | | |
| <u>Marinade</u> | <u>168°</u> | <u>Potage Cheese</u> | <u>40°</u> | | | | |
| <u>Green Beans</u> | <u>16°</u> | <u>Ham & Turkey Pie</u> | <u>39°</u> | | | | |

GOOD RETAIL PRACTICES (X = not in compliance)

| | COS | R | | COS | R | | COS | R |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| <input type="checkbox"/> 27. Use of ice and pasteurized eggs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 34. Food contamination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 42. Food utensils/in-use | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 28. Water source and quantity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 35. Equipment for temp. control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 43. Thermometers/Test strips | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 29. Insects/rodents/animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 36. Personal cleanliness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 44. Warewashing facility | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 30. Food and non-food contact surfaces constructed, cleanable, use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 37. Food labeled/condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 45. Wiping cloths | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 31. Plumbing installed, cross-connection, back flow prevention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 38. Plant food cooking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 46. Utensil & single-service storage | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 32. Sewage and waste water disposal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 39. Thawing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 47. Physical facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 40. Toilet facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 48. Specialized processing methods | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> 41. Garbage and refuse disposal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 49. Other | <input type="checkbox"/> | <input type="checkbox"/> |

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

| | | | |
|--|----------------------------------|-----------------------|---|
| Person in Charge (Signature) <u>Doris Foraker</u> | (Print) <u>Doris Foraker</u> | Title <u>owner</u> | Date <u>3/8/11</u> |
| Inspector (Signature) <u>Karen Anderson</u> | (Print) <u>Karen Anderson</u> | Date <u>3/9/11</u> | Follow-up: (Circle One) Yes <input type="checkbox"/> No <input type="checkbox"/> |



HEALTH & WELFARE Food Establishment Inspection Report

Food Protection Program, Division of Health
450 W. State Street, Boise, Idaho 83720-0036
208-334-5938

Building ONE

| | | | |
|--|---------|---------------------------------|--|
| Establishment Name <u>Cottages of Emmet II</u> | | Operator <u>Donis Foruma</u> | |
| Address <u>411 E 12th St</u> | | | |
| County <u>BLM</u> | Estab # | BHS/SUR.# | Inspection time: <u>11 AM</u> |
| Inspection Type: <u>Standard</u> | | Risk Category: <u>High</u> | Follow-Up Report: OR On-Site Follow-Up: Date: _____ Date: _____ |
| Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted. | | | |

| | |
|--|---|
| # of Risk Factor Violations _____ | # of Retail Practice Violations _____ |
| # of Repeat Violations _____ | # of Repeat Violations _____ |
| Score _____ | Score _____ |
| A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection | A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection. |

RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection.

| | Demonstration of Knowledge (2-102) | COS | R |
|---|---|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> N | 1. Certification by Accredited Program, or Approved Course; or correct responses; or compliance with Code | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Health (2-201) | | | |
| <input checked="" type="checkbox"/> N | 2. Exclusion, restriction and reporting | <input type="checkbox"/> | <input type="checkbox"/> |
| Good Hygienic Practices | | | |
| <input checked="" type="checkbox"/> N | 3. Eating, tasting, drinking, or tobacco use (2-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 4. Discharge from eyes, nose and mouth (2-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| Control of Hands as a Vehicle of Contamination | | | |
| <input checked="" type="checkbox"/> N | 5. Clean hands, properly washed (2-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 6. Bare hand contact with ready-to-eat foods/exemption (3-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 7. Handwashing facilities (5-203 & 6-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| Approved Source | | | |
| <input checked="" type="checkbox"/> N | 8. Food obtained from approved source (3-101 & 3-201) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 9. Receiving temperature / condition (3-202) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/A | 10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203) | <input type="checkbox"/> | <input type="checkbox"/> |
| Protection from Contamination | | | |
| <input checked="" type="checkbox"/> N N/A | 11. Food segregated, separated and protected (3-302) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/A | 12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 13. Returned / reserve of food (3-306 & 3-801) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 14. Discarding / reconditioning unsafe food (3-701) | <input type="checkbox"/> | <input type="checkbox"/> |

| | Potentially Hazardous Food Time/Temperature | COS | R |
|---|--|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> N N/O N/A | 15. Proper cooking, time and temperature (3-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/O N/A | 16. Reheating for hot holding (3-403) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/O N/A | 17. Cooling (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/O N/A | 18. Hot holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/O N/A | 19. Cold Holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/O N/A | 20. Date marking and disposition (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/O N/A | 21. Time as a public health control (procedures/records) (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| Consumer Advisory | | | |
| <input checked="" type="checkbox"/> N N/A | 22. Consumer advisory for raw or undercooked food (3-603) | <input type="checkbox"/> | <input type="checkbox"/> |
| Highly Susceptible Populations | | | |
| <input checked="" type="checkbox"/> N N/O N/A | 23. Pasteurized foods used, avoidance of prohibited foods (3-801) | <input type="checkbox"/> | <input type="checkbox"/> |
| Chemical | | | |
| <input checked="" type="checkbox"/> N N/A | 24. Additives / approved, unapproved (3-207) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 25. Toxic substances properly identified, stored, used (7-101 through 7-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| Conformance with Approved Procedures | | | |
| <input checked="" type="checkbox"/> N N/A | 26. Compliance with variance and HACCP plan (8-201) | <input type="checkbox"/> | <input type="checkbox"/> |

Y = yes, in compliance N = no, not in compliance
N/O = not observed N/A = not applicable
COS = Corrected on-site R = Repeat violation
 = COS or R

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|----------------------------|------------|---------------|------------|------------------------|------------|---------------|------|
| <u>green beans - stove</u> | <u>167</u> | <u>veget</u> | <u>39°</u> | <u> ranch dressing</u> | <u>43°</u> | | |
| <u>potatoes - stove</u> | <u>172</u> | <u>ham</u> | <u>36</u> | | | | |

GOOD RETAIL PRACTICES (X = not in compliance)

| | COS | R | | COS | R | | COS | R |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| <input type="checkbox"/> 27 Use of ice and pasteurized eggs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 34. Food contamination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 42 Food utensils/in-use | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 28 Water source and quantity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 35. Equipment for temp. control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 43. Thermometers/Test strips | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 29. Insect/rodents/animal's | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 36. Personal cleanliness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 44. Warewashing facility | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 30. Food and non-food contact surfaces constructed, cleanable, use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 37. Food labeled/condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 45. Wiping cloths | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 31. Plumbing installed, cross-connection, back flow prevention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 38. Plant food cooking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 46. Utensil & single-service storage | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 32. Sewage and waste water disposal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 39. Thawing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 47. Physical facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 40. Toilet facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 48. Specialized processing methods | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> 41. Garbage and refuse disposal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 49. Other | <input type="checkbox"/> | <input type="checkbox"/> |

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

| | | | |
|---|---|-----------------------|--|
| Person in Charge (Signature) <u>Donis Foruma</u> | Operator (Print) <u>Donis Foruma administrator</u> | Title <u></u> | Date <u>3/8/11</u> |
| Inspector (Signature) <u>[Signature]</u> | Inspector (Print) <u>[Signature]</u> | Date <u>3/9/11</u> | Follow-up: (Circle One) <u>Yes</u> / <u>No</u> |



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

March 22, 2011

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

Dear Ms. Foruria:

An unannounced, on-site complaint investigation survey was conducted at The Cottages Of Emmett from March 7, 2011, to March 9, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004674

Allegation #1: The facility did not respond appropriately when an allegation of abuse was reported.

Findings #1: On 3/7/11, an identified resident's record was reviewed. It contained an investigation report conducted by the administrator, dated 6/14/10. The notes documented, when it was reported to the administrator that an identified resident had a large bruise on his upper arm, an investigation was conducted. During the investigation, the identified resident stated the bruise occurred when a caregiver transferred him by pulling him out of bed, but he stated the injury was unintentional. The caregiver was interviewed and stated she got in a hurry and transferred the resident without a gait belt. The report further documented that during the investigation, the caregiver was suspended; upon completion of the investigation, she was terminated, due to not following proper policies and procedures.

On 3/7/11 at 11:21 AM, an adult protection investigator was interviewed. He stated the facility had reported the allegation of abuse, which was investigated and determined to be unsubstantiated; he had no concerns with how the facility handled the situation.

On 3/7/11 at 11:35 AM, the administrator stated as soon as she was made aware of the resident's injury, she suspended the employee and conducted an investigation. While it was determined the injury was unintentional, she terminated the employee for not following appropriate transferring procedures. Current staff were then retrained on transferring using a gait belt.

Unsubstantiated.

Doris Foruria, Administrator

March 22, 2011

Page 2 of 2

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

A handwritten signature in black ink that reads "Rachel S. RN". The signature is written in a cursive style with a large initial "R" and a long horizontal stroke.

Rachel Corey, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program