

DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-009 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fst@dhw.idaho.goy

October 9, 2012

Vyckee Sigler, Administrator The Cottage at Boise Samaritan Village 3390 Collister Drive Boise, Idaho 83703

Dear Ms. Sigler:

On October 4, 2012, a Fire Life Safety Survey was conducted at The Cottage at Boise Samaritan Village. 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.

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

(X3) DATE SURVEY

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - ENTIRE BUILDING B. WING 10/04/2012 13R306 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3390 COLLISTER DRIVE COTTAGE AT BOISE SAMARITAN VILLAGE, TI **BOISE. ID 83703** (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 000 Initial Comments R 000 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 October 4, 2012. The surveyor conducting the survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction Bureau of Facility Standards

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

STATE FORM 6899 YRS521 If continuation sheet 1 of 1

(X6) DATE

TITLE