



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR  
RICHARD M. ARMSTRONG – DIRECTOR

LESLIE M. CLEMENT – DEPUTY DIRECTOR  
RANDY MAY – DEPUTY ADMINISTRATOR  
LICENSING AND CERTIFICATION  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE 208-334-6626  
FAX 208-364-1888

Jeffery Crowe, Administrator  
The Cottages Of Nampa  
5023 East Victory Road  
Nampa, ID 83687

Dear Mr. Crowe:

**Congratulations** to both you and your staff on your recent survey. Enclosed please find your *Gold Excellence in Care* award. The gold award is reserved for facilities that pass their standard health care survey with no deficiencies.

This award demonstrates that you have worked exceptionally hard to meet all of the requirements set forth in the Rules for Residential Care or Assisted Living Facilities. Thank you for providing superior care, and ensuring the residents you serve live in a clean and safe environment.

Continuing to meet the needs of your residents – while meeting the administrative needs of your business – is a daily commitment to quality, ongoing assessment, service planning, and consistent provision of services to each and every resident. The greater challenge is, of course, to be able to work as a team to provide this high level of caring and service day after day, week after week, year after year.

Again, **Congratulations** to you and your staff for a job well done. I challenge you to keep this same high standard.

Sincerely,

JAMIE SIMPSON, MBA, QMRP  
Program Supervisor  
Residential Assisted Living Facility Program

JS/rc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R950	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/13/2011
NAME OF PROVIDER OR SUPPLIER  COTTAGE INVESTORS, LLC DBA THE COTTA		STREET ADDRESS, CITY, STATE, ZIP CODE 5023 EAST VICTORY ROAD NAMPA, ID 83687		
(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 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 deficiencies were cited during the licensure, follow-up and complaint investigation survey conducted on 10/12/2011 through 10/13/2011 at your facility. The surveyors conducting the survey were:</p> <p>Rachel Corey, RN Team Coordinator Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



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October 14, 2011

Jeffery Crowe, Administrator  
The Cottages Of Nampa  
5023 East Victory Road  
Nampa, ID 83687

Dear Mr. Crowe:

An unannounced, on-site complaint investigation survey was conducted at The Cottages Of Nampa from October 12, 2011, to October 13, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00005245**

**Allegation #1:** A caregiver was observed yelling at a resident.

**Findings #1:** On 10/12/11 through 10/13/11, a tour of the facility was conducted and residents and family members were interviewed. Eight of ten residents were interviewable and stated staff were friendly and courteous; they had never observed staff members yelling at residents. Four family members stated they had never witnessed caregivers mistreating residents or speaking to them harshly. The administrator stated he had not received complaints from anyone about caregivers mistreating residents.

On 10/12/11 at 2:45 PM, the ombudsman stated when doing quarterly visits, he observed staff members treating residents in a kind and caring manner.

During the survey, staff were observed caring for residents in a patient and courteous manner.

On 10/12/11, the complaint log was reviewed and did not contain any documented complaints from residents.

Unsubstantiated. This does not mean the incident did not take place; it only

means that the allegation could not be proven.

**Allegation #2:** Residents were not groomed and had body odor.

**Findings #2:** On 10/12/11 through 10/13/11, observations and interviews were conducted; residents were observed to be clean, well-groomed and free from odors.. Eight of 10 residents were interviewable and stated they received the necessary assistance with showering and grooming. Four family members stated upon visits to the facility, residents were observed to be well-groomed.

On 10/12/11 at 2:45 PM, the ombudsman stated during quarterly visits to the facility, residents were observed to be clean and well-groomed. He stated he felt the residents' care needs were being met.

On 10/12/11 the complaint log was reviewed and did not contain any complaints.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

**Allegation #3:** The facility was not maintained in a clean and sanitary manner.

**Findings #3:** On 10/12/11 through 10/13/11, a tour of the facility was conducted and residents and family members were interviewed. The facility was observed to be maintained in a clean and orderly manner; no odors were detected. The administrator, facility nurse and caregiver were observed cleaning throughout the day as needed. Eight of ten residents were interviewable and stated they were satisfied with the cleanliness of the facility. Four family members stated they had always observed the facility to be clean and well maintained.

On 10/12/11 at 10:45 PM, the ombudsman stated upon quarterly visits to the facility, he had observed it in a clean and orderly manner.

On 10/12/11, the complaint log was reviewed and did not contain any complaints.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

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.

Jeffery Crowe, Administrator

October 14, 2011

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Sincerely,

A handwritten signature in cursive script that reads "Rachel S, RN". The signature is written in black ink on a white background.

Rachel Corey, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

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