



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
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October 26, 2011

Rose Ann Mikesell, Administrator
Rose Terrace Cottages
1821 East Sherman Avenue-- Suite 5
Coeur d'Alene, Idaho 83814

Dear Ms. Mikesell:

On October 17, 2011, a Fire Life Safety Survey was conducted at Rose Terrace Cottages. 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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R855	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING A B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2011
NAME OF PROVIDER OR SUPPLIER ROSE TERRACE COTTAGES		STREET ADDRESS, CITY, STATE, ZIP CODE 632 NORTH 21ST STREET COEUR D'ALENE, ID 83814		
(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 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 17, 2011.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R855	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING B B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2011
NAME OF PROVIDER OR SUPPLIER ROSE TERRACE COTTAGES		STREET ADDRESS, CITY, STATE, ZIP CODE 632 NORTH 21ST STREET COEUR D'ALENE, ID 83814		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R855	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - BUILDING C B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2011
NAME OF PROVIDER OR SUPPLIER ROSE TERRACE COTTAGES		STREET ADDRESS, CITY, STATE, ZIP CODE 632 NORTH 21ST STREET COEUR D'ALENE, ID 83814		
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