



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](mailto:fsb@dhw.idaho.gov)

January 24, 2013

Kathleen Little, Administrator  
Cottage Investors, LLC dba The Cottages of Nampa  
5023 East Victory Road  
Nampa, ID 83687

License #: RC-950

Dear Ms. Little:

On December 20, 2012, a Fire Life Safety Survey was conducted at Cottage Investors LLC - The Cottages of Nampa. 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 plan of correction and 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

COPY



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January 2, 2013

Kathleen Little, Administrator  
Cottage Investors, LLC DbA The Cottages Of Nampa  
5023 East Victory Road  
Nampa, ID 83687

Dear Ms. Little:

On December 20, 2012, a Fire Life Safety Survey was conducted at Cottage Investors Iii Llc - The Cottages Of Nampa. 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 January 19, 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/nw  
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R950</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/20/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COTTAGE INVESTORS, LLC DBA THE COTTA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5023 EAST VICTORY ROAD NAMPA, ID 83687</b>
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(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
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R 000	<p>Initial Comments</p> <p>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 December 20, 2012.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Facility Fire/Life Safety &amp; Construction Program</p>	R 000		
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Bureau of Facility Standards

TITLE

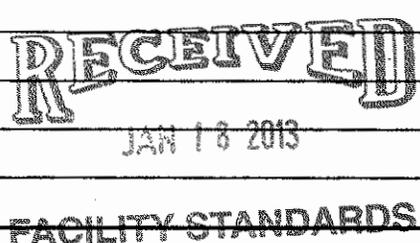
(X6) DATE

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



Facility Name <i>THE COTTAGES OF NAMPA</i>	Physical Address <i>5032 E VICTORY</i>	Phone Number <i>208-475-1805</i>
Administrator <i>KATHLEEN LITTLE</i>	City <i>NAMPA ID</i>	ZIP Code <i>83681</i>
Survey Team Leader <i>T. MROZ</i>	Survey Type <i>FLS</i>	Survey Date <i>12-20-12</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	410.02	<i>THE FACILITY DID NOT PERFORM A MINIMUM OF ONE (1) FIRE DRILL PER SHIFT PER QUARTER. WHEN REQUESTED THE FACILITY WAS UNABLE TO PROVIDE DOCUMENTATION FOR DRILLS PERFORMED 2<sup>ND</sup> SHIFT 1<sup>ST</sup> + 2<sup>ND</sup> QUARTER 2012</i>	<i>1/15/13</i>	<i>184</i>
2	415.05	<i>FIRE SPRINKLER INSPECTION - WHEN REQUESTED FOR THE ANNUAL FIRE SPRINKLER INSPECTION REPORT THE FACILITY WAS UNABLE TO PROVIDE INSPECTION DOCUMENTATION</i>	<i>1/15/13</i>	<i>184</i>
				

Response Required Date <i>1-20-13</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed
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