



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

June 25, 2014

Kathleen Little, Administrator
The Cottages of Payette
1481 7th Avenue North
Payette, ID 83661

License #: RC-712

Dear Ms. Little:

On May 28, 2014, a Fire Life Safety Survey was conducted at The Cottages of Payette. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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 Dan Holbrook, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

DAN HOLBROOK
Health Facility Surveyor
Facility Fire Safety & Construction Program

DH/lj



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June 4, 2014

Kathleen Little, Administrator
The Cottages of Payette
1481 7th Avenue North
Payette, ID 83661

Dear Ms. Little:

On May 28, 2014, a Fire Life Safety Survey was conducted at The Cottages of Payette. 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 June 27, 2014.

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: 13R712	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2014
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NAME OF PROVIDER OR SUPPLIER COTTAGE INVESTORS LLC DBA THE COTTAC	STREET ADDRESS, CITY, STATE, ZIP CODE 1481 7TH AVENUE NORTH PAYETTE, ID 83661
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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 May 28, 2014.</p> <p>The surveyor conducting the survey was:</p> <p>Dan Holbrook Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____



Facility Name <i>The Cottages of Payette</i>	Physical Address <i>1481 7th Ave North</i>	Phone Number <i>642-6199</i>
Administrator	City <i>Payette</i>	ZIP Code
Survey Team Leader <i>Dan Holbrook</i>	Survey Type <i>FLS</i>	Survey Date <i>5/28/2014</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1.	410.02	Fire Drills Not Available For 2 nd Qtr 2013/2014 Night Shift 4th Qtr 2013, 2 nd & 3 rd Shifts. Fire Drills Required 1 per shift per Quarter.	6/10/2014
2.	405.01.6	Ungrounded, 3 outlet, Extension cords (2) Were Revealed In Km # 45. Extension cords Are Not Allowed As A Replacement For Fixed Wiring.	6/10/2014
3.	405.03	Medical bases Must Be Individually Restrained Per NFPA 99.	6/10/2014
4.	NFPA 101 55.3.3.2.2	Hazardous Area Doors Must Be Self Closing. Applies To Laundry Rooms. JM Has Sprinkler.	

Response Required Date <i>6/30/2014</i>	Signature of Facility Representative <i>[Signature]</i>
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