



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  
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)

December 1, 2014

Sarina Burdan, Administrator  
The Cottages of Boise  
6300 North Roe Street  
Boise, ID 83714

Dear Ms. Burdan:

On November 17, 2014, a Fire Life Safety Survey was conducted at The Cottages of Boise. 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:  <b>13R938</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>02 - 6352 NORTH ROE STREET</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/17/2014</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COTTAGE INVESTORS LLC DBA THE COTTAC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6300 + 6352 NORTH ROE STREET BOISE, ID 83714</b>
---	--

(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 November 17, 2014.</p> <p>The surveyor conducting the survey was:</p> <p>Nathan Elkins Health Facility Surveyor</p>	R 000		
-------	--	-------	--	--

Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_