



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

January 24, 2014

Sondra Winter, Administrator
The Cottages of Nampa
5023 East Victory Road
Nampa, ID 83687

License #: RC-950

Dear Ms. Winter:

On December 18, 2013, a Fire Life Safety Survey was conducted The Cottages of Nampa. 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 Mark P. Grimes, Supervisor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

MARK P. GRIMES
Supervisor
Facility Fire Safety & Construction Program

TB/lj



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December 30, 2013

Sondra Winter, Administrator
The Cottages of Nampa
5023 East Victory Road
Nampa, ID 83687

Dear Ms. Winter:

On December 18, 2013, a Life Safety Code, state Licensure survey was conducted at The Cottages of Nampa.

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 five (5) non-core issue deficiencies were identified on the punch list and one (1) was identified as a repeat punch. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than January 17, 2014.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to the Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626. Thank you for your continued participation in the Idaho Residential Assisted Living Facility (RALF) Program.

Sincerely,

MARK P. GRIMES
Program Supervisor
Facility Fire Safety & Construction Program

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2013
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NAME OF PROVIDER OR SUPPLIER COTTAGE INVESTORS, LLC DBA THE COTTA	STREET ADDRESS, CITY, STATE, ZIP CODE 5023 EAST VICTORY ROAD NAMPA, ID 83687
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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 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 December 18, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		
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Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Facility Name <i>The Cottages of Nampa</i>	Physical Address <i>5023 E. Victory Rd</i>	Phone Number <i>208-463-4941</i>
Administrator <i>Sandra Winter</i>	City <i>Nampa, Id</i>	ZIP Code <i>83687</i>
Survey Team Leader <i>Taylor Barkley</i>	Survey Type <i>1 of 2</i>	Survey Date <i>12-18-13</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	410.02 750.01	The facility did not conduct one drill per shift per quarter.		
2	750.05	The facility did not maintain on file in the facility the results of the Annual Fire Alarm inspection.		
3	750.06	The facility did not maintain on file in the facility the results of the Annual Automatic Fire Sprinkler system inspection.		
4	260.01	The facility does not have A current well water bacteriological examination report. The report on file is dated 3-19-12 ↓		

Response Required Date <i>1-18-14</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>12/18/13</i>
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