IDAHO DEPARTMENT OF
HEALTH & WELFARE

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September 21, 2006

Cynthia Peterson, Administrator
Spring Creek Manor - Soda Springs
425 Spring Creek Dr
Soda Springs, ID 83276

Dear Ms. Peterson:

On September 6, 2006, a life safety code survey was conducted at Spring Creek Manor - Soda Springs. 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 GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R491	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/06/2006
NAME OF PROVIDER OR SUPPLIER: SPRING CREEK MANOR - SODA SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE: 425 SPRING CREEK DR SODA SPRINGS, ID 83276		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
R9999	Initial Comments The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on September 6, 2006. The surveyor conducting the survey was: Mark P. Grimes, Supervisor Facility Fire Safety & Construction	R9999		

Bureau of Facility Standards

TITLE (X6) DATE

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