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 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

May 17, 2010

Amy Johnson, Administrator Gardens of Rigby 3693 South Milan Way Meridian, Idaho 83642

Dear Ms. Johnson:

On May 5, 2010, a Fire Life Safety Survey was conducted at The Gardens of Rigby. 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/lj

Enclosure

05/05/2010

Bureau of Facility Standards STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: 01 - ENTIRE BUILDING A, BUILDING B. WING\_

13R962

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## CARDENS OF DICEV

130+144 STOCKHAM BOULEVARD

			GBY, ID 83442		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIEN (EACH DEFICIENCY MUST BE PRECEDED REGULATORY OR LSC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments		R 000		
	The facility was found to be in substacompliance with the fire and life safe requirements of the Rules for Reside Assisted Living Facilities in Idaho. No deficiencies were cited during the stafire/life safety survey conducted on Months.	ty ential or o core andard /lay 5, 2010.			į.
	The surveyor conducting the survey	was:			
	Eric Mundell REHS/RHSO Health Facility Surveyor Facility Fire/Life Safety & Construction	on Program			
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Bureau of Facility Standards

TITLE

(X6) DATE

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