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: <u>fsb@dhw.idaho.gov</u>

June 14, 2010

Erica Weber, Administrator Glenwood House, LLC 4660 Hatchery Eagle, Idaho 83616

Dear Ms. Weber:

On June 10, 2010, a Fire Life Safety Survey was conducted at Glenwood House, LLC. 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: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED 01 - ENTIRE BUILDING A. BUILDING B. WING\_ 13R909 06/10/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

3736 GLENWOOD

| GLENWOOD HOUSE, LLC      |  | 3736 GLENWOOD<br>BOISE, ID 83704 |                     |  |                          |
|--------------------------|--|----------------------------------|---------------------|--|--------------------------|
| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIE<br>(EACH DEFICIENCY MUST BE PRECEDED BY<br>REGULATORY OR LSC IDENTIFYING INFORM | FULL                             | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
| TAG                      |  | al or core lard e 10th,          |                     | CROSS-REFERENCED TO THE APPROPRIATE  | DATE                     |
| Admin                    |  |                                  |                     |  |                          |

Bureau of Facility Standards

TITLE

(X6) OATE

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