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 PHDNE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

September 10, 2009

Brett Waters, Administrator The Princess 2105 Avocet Drive Idaho Falls, Idaho 83406

Dear Mr. Waters:

On September 2, 2009, a Fire Life Safety Survey was conducted at The Princess. 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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13R483

01 - ENTIRE BUILDING A. BUILDING

B. WING_

09/02/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PRINCES	S, THE		CET DRIVE LLS, ID 8340	06	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	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 The facility was found to be in substanticompliance with the fire and life safety requirements of the Rules for Residenti Assisted Living Facilities in Idaho. No odeficiencies were cited during the stand fire/life safety survey conducted on Sep 2009. The surveyor conducting the survey was Eric Mundell REHS/RHSO Health Facility Surveyor Facility Fire/Life Safety & Construction Facility Fire/Life Facility Fire/Life Facility Fire/Life Facility Fa	al or core lard tember 2,	R 000		DATE
reau of Fac	bility Standards	ļ			

TITLE

(X6) DATE

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

STATE FORM

001K21

If continuation sheet 1 of 1