

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

August 28, 2012

Deeon Waters, Administrator The Princess 2105 Avocet Drive Idaho Falls, ID 83406

License #: RC-483

Dear Ms. Waters:

On August 20, 2012, a Fire Life Safety Survey was conducted at The Princess. 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 Tom Mroz, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TOM MROZ

Health Facility Surveyor

Facility Fire Safety & Construction Program

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c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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August 28, 2012

Deeon Waters, Administrator The Princess 2105 Avocet Drive Idaho Falls, ID 83406

Dear Ms. Waters:

On August 20, 2012, 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.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 20, 2012.

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/li

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING 01 - ENTIRE BUILDING B. WING_ 13R483 08/20/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2085 AVOCET DRIVE PRINCESS, THE IDAHO FALLS, ID 83406 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 000 R 000 Initial Comments The facility was found to be in substantial compliance with the fire and life safety requirements 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 August 20, 2012. The surveyor conducting the survey was: Tom Mroz CFI-II Health Facility Surveyor Facility Fire/Life Safety & Construction Program

Bureau of Facility Standards

TITLE

(X6) DATE

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MEDICAID L & C -- RALF PROGRAM P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

Facility Name		Physical Address	Phone Numb)er	
THE PRINCESS		2085 ANDCET Deine	208-523-5371) ~ p /
Administrator		City	ZIP Code		//
BRETT WITERS		DAMO FALLS ID	8340C		
Survey Team Leader		Survey Type Size City SizeTy	Survey Date		
TM		FILE CIRE STRETY	8-20-12		
NON-CORE ISSUES	3				
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Response Required Date Sig	gnature of Facility Ropresentative			Date Signed	
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