

MISSOURI DEPARTMENT OF PUBLIC SAFETY DIVISION OF FIRE SAFETY (DFS) LONG TERM CARE FACILITY FIRE INSPECTION REPORT

Princeton Senior Living, The ADMINISTRATOR/MANAGER MICHAEL MAY DECRY DFS FIRE INSPECTION CENSUS EXIT DATE VIOLATION OF REGULATIONS PROF RCF* ALF ALF* COUNTY Lee's Summit Lee's Summit CAPACITY RELATED EXCEPTIONS / WAIVER ALF** COUNTY Jackson REVISIT #1 REVISIT #1 REVISIT #1 CENSUS EXIT DATE CENSUS EXIT DATE CENSUS EXIT DATE CENSUS EXIT DATE CENSUS CENSUS CENSUS EXIT DATE CENSUS CE	RS	NF
Princeton Senior Living, The ADMINISTRATOR/MANAGER MICHAEL May berry DFS FIRE INSPECTION 22762N CENSUS EXIT DATE CHOSUS CENSUS CENSUS CENSUS CENSUS CITY Lee's Summit CAPACITY RELATED EXCEPTIONS / WAIVER WYES NO REVISIT #1 REVISIT CENSUS EXIT DATE CENSUS CENSUS CENSUS CENSUS CENSUS COUNTY Jackson RELATED EXCEPTIONS / WAIVER WYES NO REVISIT CENSUS CENSUS CENSUS	RS	
ADMINISTRATOR/MANAGER MICHAEL May berry DFS FIRE INSPECTION 32762N CENSUS EXIT DATE CENSUS		
TICKAR MAY BERTY DESTRE INSPECTION 32762N CENSUS EXIT DATE CENSUS CENSUS EXIT DATE CENSUS		
DFS FIRE INSPECTION 32762N 68 YES NO REVISIT #1 CENSUS EXIT DATE CENSUS EXIT DATE CENSUS EXIT DATE CENSUS EXIT DATE CENSUS		
CENSUS EXIT DATE REVISIT #1 REVISIT #2 CENSUS EXIT DATE CENSUS	SIT #2	
2 415 ZZZZ CENSUS EXIT DATE CENSUS	511 #2	
CENSUS EXIT DATE	L CAUT DATE	
VIOLATION OF REGULATIONS	EXIT DATE	
		NEW
YES NO CORRECTED NOT NO OF CLASS NEW CORRECTED OF CORRECTED CORRECTED I II III III	NO OF CLASS	DEFICIENCY
CONSTRUCTION		
FIRE SAFETY		
D PHYSICAL PLANT		DE LITTLE
FACILITY REPRESENTATIVE FACILITY REPRESENTATIVE SIGNATURE / TITLE FACILITY REPRESENTATIVE	TIVE SIGNATU	RE/IIILE
SIGNATURE / TITLE		
FMAIL ADDRESS E-MAIL ADDRESS E-MAIL ADDRESS	E-MAIL ADDRESS	
E-MAIL ADDRESS		
E-MAIL ADDRESS E-MAIL ADDRESS E-MAIL ADDRESS E-MAIL ADDRESS E-MAIL ADDRESS E-MAIL ADDRESS DATE DATE		
4-15-22 INSPECTOR INSPECTOR		
INSPECTOR INSPECTOR		
INSPECTOR INSPECTOR		
INSPECTOR		
4-15-22 DATE		
DATE		
THE STANDARD COMMENTS		
LIST COMPLAINT NUMBERS INVESTIGATED AND COMMENTS.		