April 29, 2016

Joseph Frasure, Administrator
Aspen Transitional Rehabilitation
2867 East Copper Point Drive
Meridian, ID 83642-1716

Provider #: 135130

RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER LETTER

Dear Mr. Frasure:

On April 25, 2016, a Facility Fire Safety and Construction survey was conducted at Aspen Transitional Rehabilitation by the Bureau of Facility Standards/Department of Health & Welfare to determine if your facility was in compliance with State Licensure and Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. Your facility was found to be in substantial compliance with Federal regulations during this survey.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, which states that the facility complies with the requirements of CFR 42, 483.70(a) of the federal requirements. This form is for your records only and does not need to be returned.

Thank you for the courtesies extended to us during the survey. If you have any questions, please contact this office at (208) 334-6626, option 3.

Sincerely,

Mark P. Grimes, Supervisor
Facility Fire Safety and Construction

MPG/lj
Enclosures
Name of Provider or Supplier: ASPEN TRANSITIONAL REHABILITATION
Street Address, City, State, Zip Code: 2867 EAST COPPER POINT DRIVE
MERIDIAN, ID 83642

Summary Statement of Deficiencies:

K 000 INITIAL COMMENTS

The building is a single story, 25,000+ square foot structure of type V (111) construction completed in August of 2005. The building is protected throughout by an automatic fire extinguishing system and is equipped with an addressable fire alarm system with smoke detection throughout. The facility is licensed for 30 SNF/NF beds.

The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on April 25, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, New Health Care Occupancy, in accordance with 42 CFR 483.70.

The Survey was conducted by:

Sam Burbank
Health Facility Surveyor
Fire Life Safety & Construction

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.