June 1, 2017

Cynthia Riedel, Administrator
Desert View Care Center of Buhl
820 Sprague Avenue
Buhl, ID 83316-1827

Provider #: 135089

RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER LETTER

Dear Ms. Riedel:

On May 23, 2017, a Facility Fire Safety and Construction survey was conducted at Desert View Care Center of Buhl 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,

\[Signature\]
Nate Elkins, Supervisor
Facility Fire Safety and Construction

NE/Ij
Enclosures
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:**

135089

**(X2) MULTIPLE CONSTRUCTION**

A. BUILDING 01 - ENTIRE BUILDING

B. WING

**(X3) DATE SURVEY COMPLETED:**

05/23/2017

**NAME OF PROVIDER OR SUPPLIER:**

DESERT VIEW CARE CENTER OF BUHL

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

820 SPRAGUE AVENUE
BUHL, ID 83316

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<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>(X5) COMPLETION DATE</th>
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The facility is a single story, type V(111) construction with a partial unfinished basement. It has corridor smoke detection and sprinkler coverage, built in 1958. It has off site monitoring, with 6 exits to grade, plus the service exit. The facility is currently licensed for 57 SNF/NF beds.

The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on May 23, 2017. The facility was surveyed under the LIFE SAFETY CODE, 2012 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 483.70.

The Survey was conducted by:

Linda Chaney
Health Facility Surveyor
Facility Fire Safety & Construction

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

**TITLE**

**(X6) DATE**

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.