STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135069

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____________________________
B. WING _____________________________

(X3) DATE SURVEY COMPLETED
R 11/16/2017

NAME OF PROVIDER OR SUPPLIER
BELL MOUNTAIN VILLAGE & CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
620 NORTH SIXTH STREET
BELLEVUE, ID 83313

(X4) ID PREFIX TAG
SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG
PROVIDER’S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

{F 000} INITIAL COMMENTS

Follow-up survey was conducted on November 15, 2017 and November 16, 2017, and it was determined the facility was back in substantial compliance as of the date alleged in their plan of correction.

The surveyors conducting the survey were Jenny Walker, R.N. and Brad Perry, BSW

{F 000}

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

Electronically Signed

11/20/2017

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.
**Initial Comments**

Follow-up survey was conducted on November 15, 2017 and November 16, 2017, and it was determined the facility was back in substantial compliance as of the date alleged in their plan of correction.

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