**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**A. BUILDING** 01 - ENTIRE BUILDING

**B. WING**

**NAME OF PROVIDER OR SUPPLIER**

CASCADIA OF NAMPA

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

900 N HAPPY VALLEY RD

NAMPA, ID 83687

**DATE SURVEY COMPLETED**

03/06/2018

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**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

**ID**

**PREFIX**

**TAG**

**ID**

**PREFIX**

**TAG**

**K 000** INITIAL COMMENTS

The facility is a single story, Type V (111) structure with a special feature of two Won-Doors located in areas A and B. The building is fully sprinklered and has a complete addressable fire alarm/smoke detection system including open areas to include audible/visual notification throughout. Emergency Power is provided by a Type 1 EPSS with an annunciator and emergency stop. Currently the facility is licensed for 99 SNF/NF beds.

The facility was found to be in substantial compliance during the initial federal certification survey conducted on March 6, 2018. The facility was surveyed under the LIFE SAFETY CODE, 2012 edition, Existing Healthcare Occupancies, in accordance with 42 CFR 483.70

The survey was conducted by:

Nate Elkins, Supervisor
Facility Fire Safety & Construction Program

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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.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:**

135144

**MULTIPLE CONSTRUCTION**

A. BUILDING __________________________________________
B. WING ____________________________________________

**DATE SURVEY COMPLETED**

03/06/2018

**CASCADIA OF NAMPA**

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

900 N HAPPY VALLEY RD
Nampa, ID 83687

**NAME OF PROVIDER OR SUPPLIER**

CASCADIA OF NAMPA

**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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The facility was found to be in substantial compliance during the initial Emergency Preparedness federal certification survey completed on March 6, 2018. The facility was surveyed in accordance with 42 CFR 483.73.

The survey was conducted by:

Nate Elkins, Supervisor
Facility Fire Safety & Construction Program

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