**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135065

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

(X3) DATE SURVEY COMPLETED
R 02/28/2019

NAME OF PROVIDER OR SUPPLIER

MOUNTAIN VALLEY OF CASCADIA

STREET ADDRESS, CITY, STATE, ZIP CODE
601 WEST CAMERON AVENUE
KELLOGG, ID 83837

(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

On February 28, 2019, an off-site follow-up survey of the facility was conducted to verify correction of deficiencies noted during the survey of December 13, 2018. Mountain Valley of Cascadia was found to be in substantial compliance with federal health care requirements as of February 18, 2019.

The surveyor conducting the follow-up was Loretta Todd, R.N.

(F 000)