DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA
IDENTIFICATION NUMBER:

135131

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - ENTIRE BUILDING
B. WING

(X3) DATE SURVEY COMPLETED
R
03/20/2019

NAME OF PROVIDER OR SUPPLIER
IDAHO STATE VETERANS HOME - BOISE

STREET ADDRESS, CITY, STATE, ZIP CODE
320 COLLINS ROAD, 83702-4519
BOISE, ID 83707

(X4) ID PREFIX
TAG

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

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(K 000) INITIAL COMMENTS

On 3/20/19 an off-site follow-up survey was conducted, substantiating compliance for deficiencies found during the annual Fire/Life Safety survey conducted on 3/5/19. Idaho State Veteran's Home - Boise was determined to be in substantial compliance with all Life Safety Code standards at this time.

The surveyor completing this survey was:

Sam Burbank
Health Facility Surveyor
Facility Fire/Safety and Construction

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

TITLE

(X5) COMPLETION 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.

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