On 4/5/19 an off-site follow-up survey was conducted, substantiating compliance for deficiencies found during the annual Fire/Life Safety survey conducted on 3/12/19. Meadowview Nursing and Rehabilitation 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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA
IDENTIFICATION NUMBER:
135076

(X2) MULTIPLE CONSTRUCTION
A. BUILDING ________________________
B. WING ___________________________

(X3) DATE SURVEY COMPLETED
R 04/05/2019

NAME OF PROVIDER OR SUPPLIER
MEADOW VIEW NURSING AND REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE
46 NORTH MIDLAND BOULEVARD
NAMPA, ID 83651

(X4) ID PREFIX
TAG ________________________

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

(X5) COMPLETION DATE

{E 000} Initial Comments

On 4/5/19 an off-site follow-up survey was
conducted, substantiating compliance for
deficiencies found during the Emergency
Preparedness survey conducted on 3/12/19.
Meadowview Nursing and Rehabilitation was
determined to be in substantial compliance with
all Emergency Preparedness standards at this
time.

The surveyor completing this survey was:

Sam Burbank
Health Facility Surveyor
Facility Fire/Safety and Construction

{E 000}

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.