STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135144

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

(X3) DATE SURVEY COMPLETED
R 04/08/2019

NAME OF PROVIDER OR SUPPLIER
CASCADIA OF NAMPA

STREET ADDRESS, CITY, STATE, ZIP CODE
900 N HAPPY VALLEY RD
NAMPA, ID 83687

(X4) ID PREFIX TAG

<table>
<thead>
<tr>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X5) COMPLETION DATE</th>
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<tbody>
<tr>
<td>(K 000) INITIAL COMMENTS</td>
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On April 8, 2019, an off-site follow-up was conducted to verify correction of deficiencies noted at the survey of February 14, 2019. Cascadia of Nampa was found to be in substantial compliance with Life Safety Code, 2012 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 483.70 as of March 4, 2019.

The surveyor conducting the follow-up was Linda Chaney.
<table>
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<tr>
<th>(E 000)</th>
<th>Initial Comments</th>
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<td></td>
<td>On April 8, 2019, an off-site follow-up was conducted to verify correction of deficiencies noted at the survey of February 14, 2019. Cascadia of Nampa was found to be in substantial compliance with Emergency Preparedness Rule established by CMS as of April 1, 2019. The surveyor conducting the follow-up was Linda Chaney.</td>
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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.