April 17, 2019

Landon Taylor, Administrator
Madison Carriage Cove Short Stay Rehabilitation
410 West 1st North
Rexburg, ID 83440-1406

Provider #: 135140

RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER LETTER

Dear Mr. Taylor:

On April 10, 2019, a Facility Fire Safety and Construction survey was conducted at Madison Carriage Cove Short Stay Rehabilitation by the Bureau of Facility Standards/Department of Health & Welfare to determine if your facility was in compliance with State Licensure and Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. Your facility was found to be in substantial compliance with Federal regulations during this survey.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, which states that the facility complies with the requirements of CFR 42, 483.70(a) of the federal requirements. This form is for your records only and does not need to be returned.

Thank you for the courtesies extended to us during the survey. If you have any questions, please contact this office at (208) 334-6626, option 3.

Sincerely,

Nate Elkins, Supervisor
Facility Fire Safety and Construction

NE/jj
Enclosure
The facility is a single story, Type V(111) structure, approximately 35,874 square feet in size, originally constructed in 2014. There is a separated mechanical loft on the partial second floor. The facility is fully sprinklered, with complete smoke detection and fire alarm system. There is a Type 2 Essential Electrical Service, piped medical gas system and is comprised of five smoke compartments, with both fire and smoke dampers in fire-rated wall assemblies. Currently the facility is licensed for 35 SNF/NF beds, with a census of 33 on the date of the survey.

The facility was found to be in substantial compliance during the annual fire/life safety survey conducted on April 10, 2019. The facility was surveyed under the LIFE SAFETY CODE, 2012 Edition, Existing Health Care Occupancy in accordance with 42 CFR 483.70.

The survey was conducted by:

Sam Burbank
Health Facility Surveyor
Facility Fire Safety & Construction
April 17, 2019

Landon Taylor, Administrator
Madison Carriage Cove Short Stay Rehabilitation
410 West 1st North
Rexburg, ID 83440-1406

Provider #: 135140

RE: EMERGENCY PREPAREDNESS SURVEY REPORT COVER LETTER

Dear Mr. Taylor:

On April 10, 2019, an Emergency Preparedness survey was conducted at Madison Carriage Cove Short Stay Rehabilitation by the Bureau of Facility Standards/Department of Health & Welfare to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. Your facility was found to be in substantial compliance with Federal regulations during this survey.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, which states that the facility complies with the requirements of CFR 42, 483.70(a) of the federal requirements. This form is for your records only and does not need to be returned.

Thank you for the courtesies extended to us during the survey. If you have any questions, please contact this office at (208) 334-6626, option 3.

Sincerely,

Nate Elkins, Supervisor
Facility Fire Safety and Construction

Enclosure
### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLA Identification Number:** 135140  
**Multiple Construction:**
- A. Building: ________  
- B. Wing: ________  
**Date Survey Completed:** 04/10/2019

**Name of Provider or Supplier:** Madison Carriage Cove Short Stay REI  
**Street Address, City, State, Zip Code:** 410 West 1st North, Rexburg, ID 83440

<table>
<thead>
<tr>
<th>ID/Prefix/Tag</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 000 Initial Comments</td>
<td>The facility is a single story, Type V(111) construction, approximately 35,874 square feet in size originally constructed in 2014. The building is located within a municipal fire district, with both county and state EMS services available. The structure is comprised of five smoke compartments, with both fire and smoke dampers in fire-rated wall assemblies. There is a separated, protected mechanical loft on the partial second floor. The facility is fully sprinklered, with a complete, interconnected smoke detection and fire alarm system. There is a Type 2 Essential Electrical Service which provides emergency power and piped medical gas system. Currently the facility is licensed for 35 SNF/NF beds with a census of 33 on the date of the survey. The facility was found to be in substantial compliance during the emergency preparedness survey conducted on April 10, 2019. The facility was surveyed under the Emergency Preparedness Rule established by CMS, in accordance with 42 CFR 483.73. The facility was surveyed by: Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</td>
<td>E 000</td>
</tr>
</tbody>
</table>

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.