Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MDS001311

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

(X3) DATE SURVEY COMPLETED
04/16/2019

NAME OF PROVIDER OR SUPPLIER
IDAHO STATE VETERANS HOME - LEWISTON
821 21ST AVENUE
LEWISTON, ID 83501

STREET ADDRESS, CITY, STATE, ZIP CODE

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

{C 000} INITIAL COMMENTS

On 4/16/19 an off-site follow-up survey was conducted, substantiating compliance for deficiencies found during the annual Fire/Life Safety survey conducted on 3/26/19. Idaho State Veteran's Home of Lewiston was determined to be in substantial compliance with all State IDAPA standards at this time.

The surveyor completing this survey was:

Sam Burbank
Health Facility Surveyor
Facility Fire/Safety and Construction

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

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

STATE FORM
WD7222

If continuation sheet 1 of 1