**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:** 135092

**NAME OF PROVIDER OR SUPPLIER:** GOOD SAMARITAN SOCIETY - IDAHO FALLS VILLAGE

**STREET ADDRESS, CITY, STATE, ZIP CODE:** 840 EAST ELVA STREET, IDAHO FALLS, ID 83401

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**SUMMARY STATEMENT OF DEFICIENCIES**

On April 23, 2019, an off-site follow-up was conducted to verify correction of deficiencies noted at the survey of January 30, 2019. Good Samaritan Society Idaho Falls Village was found to be in substantial compliance with life safety code regulations as of April 2, 2019.

The surveyor conducting the follow-up was Linda Chaney.

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

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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.
On April 23, 2019, an off-site follow-up was conducted to verify correction of deficiencies noted at the survey of January 30, 2019. Good Samaritan Society Idaho Falls Village was found to be in substantial compliance with Emergency Preparedness Rule established by CMS as of April 18, 2019.

The surveyor conducting the follow-up was Linda Chaney.