DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:
135048

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

(X3) DATE SURVEY COMPLETED
05/24/2019

NAME OF PROVIDER OR SUPPLIER
CLEARWATER OF CASCADIA

STREET ADDRESS, CITY, STATE, ZIP CODE
1204 SHRIVER ROAD
OROFINO, ID 83544

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

{K 000} INITIAL COMMENTS

On 5/24/19 an off-site follow-up survey was conducted, substantiating compliance for deficiencies identified during the annual Fire/Life Safety survey conducted on 3/27/19. Clearwater of Cascadia 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

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

FORM CMS-2567(02-99) Previous Versions Obsolete
Event ID: U9822
Facility ID: MDS001140
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On 5/24/19 an off-site follow-up survey was conducted, substantiating compliance for deficiencies identified during the Emergency Preparedness survey conducted on 3/27/19. Clearwater of Cascadia 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