**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: 135015

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - ENTIRE BUILDING

B. WING ___________

(X3) DATE SURVEY COMPLETED: 08/12/2019

NAME OF PROVIDER OR SUPPLIER: PAYETTE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 1019 THIRD AVENUE SOUTH, PAYETTE, ID 83661

**INITIAL COMMENTS**

On 8/12/19 an off-site follow-up survey was conducted, substantiating compliance for deficiencies identified during the annual Fire/Life Safety survey conducted on 7/2/19. Payette Center 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

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 8/12/19 an off-site follow-up survey was conducted, substantiating compliance for deficiencies identified during the Emergency Preparedness survey conducted on 7/2/19. Payette Center 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