IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

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BUREAU OF FACILITY STANDARDS
3232 Elder Street
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REVISED COPY

June 24, 2011

Jillian Mitchell, Administrator
Liberty Dialysis -- Caldwell
4620 Enterprise Way, Suite 101
Caldwell, Idaho 83605-6764

RE: Liberty Dialysis-- Caldwell, Provider # 132523

Dear Ms. Mitchell:

This is to advise you of the findings of the Medicare survey, which was concluded at your facility, Liberty Dialysis-- Caldwell, on June 20, 2011.

Enclosed are a Statement of Deficiencies/Plan of Correction, Form CMS-2567 and a State Licensure Statement of Deficiencies/Plan of Correction which state that no deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208) 334-6626.

Sincerely,

MARK P. GRIMES
Supervisor
Facility Fire Safety & Construction Program

MPG/lj

Enclosure

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

PRINTED: 06/20/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	132523	A. BUILDING 01 - LIBERTY DIALYSIS - CALI B. WING _____	06/24/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY DIALYSIS - CALDWELL	4620 ENTERPRISE WAY, SUITE 101 CALDWELL, ID 83605

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The facility is an 8,185 square foot building housing the clinic and a nephrology practice that is separated by one hour construction. The building is a single story of type V (000) construction and is protected throughout by a manual fire alarm and an automatic sprinkler system utilizing quick response heads. Emergency lighting is provided by battery powered ceiling mounted units. The facility was first occupied on November or 2010 The facility was found to be in substantial compliance during the initial Life Safety Code survey conducted on June 20, 2011. The facility was surveyed in accordance with 42 CFR 403.744 (a)(1)(i), and the 2000 Edition of NFPA 101 the Life Safety Code Chapter 21, existing Ambulatory Health Care Occupancies. The surveyor conducting the survey was: Mark P. Grimes, Supervisor Facility Fire Safety & Construction Eric Mundell, REHS Health Facility Surveyor	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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.