

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

PRINTED: 02/20/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135147	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MERIDIAN MEADOWS SNF B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2020
NAME OF PROVIDER OR SUPPLIER MERIDIAN MEADOWS TRANSITIONAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2656 E MAGIC VIEW DRIVE MERIDIAN, ID 83642		
(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	<p>INITIAL COMMENTS</p> <p>The facility is a single-story, type V (III) structure constructed in 2019 totaling approximately 39,751 square feet. The facility is equipped with a full NFPA 13 fire suppression system, wet and dry, interconnected to a complete fire alarm system with audible and visible notification devices. The Essential Electrical System is supplied by a 200 KW diesel powered, on-site automatic generator which provides emergency lighting throughout. Currently the facility is licensed for 52 SNF/NF beds and had a census of 2 on the date of the survey.</p> <p>The facility was found to be in substantial compliance during the initial fire/life safety survey conducted on January 9, 2020. The facility was surveyed under the LIFE SAFETY CODE, 2012 Edition, New Health Care Occupancy, in accordance with 42 CFR 483.70.</p> <p>The Survey was conducted by:</p> <p>Linda Chaney Health Facility Surveyor Facility Fire Safety and Construction</p> <p>Nate Elkins Supervisor Facility Fire Safety and Construction</p>	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.

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E 000	<p>Initial Comments</p> <p>The facility is a single-story, type V (III) structure constructed in 2019 totaling approximately 39,751 square feet. The facility is equipped with a full NFPA 13 fire suppression system, wet and dry, interconnected to a complete fire alarm system with audible and visible notification devices. The Essential Electrical System is supplied by a 200 KW diesel powered, on-site automatic generator which provides emergency lighting throughout. Currently the facility is licensed for 52 SNF/NF beds and had a census of 2 on the date of the survey.</p> <p>The facility was found to be in substantial compliance during the initial Emergency Preparedness Survey conducted on January 9, 2020. The facility was surveyed under the Emergency Preparedness Rule established by CMS, in accordance with 42 CFR 483.73.</p> <p>The surveyor conducting the survey was:</p> <p>Linda Chaney Health Facility Surveyor Facility Fire Safety and Construction</p> <p>Nate Elkins Supervisor Facility Fire Safety and Construction</p>	E 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE	

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