January 23, 2020

Richard Ord, Administrator
Bennett Hills Rehabilitation and Care Center
1220 Montana Street
Gooding, ID 83330-1856

Provider #: 135134

RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER LETTER

Dear Mr. Ord:

On January 15, 2020, a Facility Fire Safety and Construction survey was conducted at Bennett Hills Rehabilitation And Care Center by the Bureau of Facility Standards/Department of Health & Welfare to determine if your facility was in compliance with State Licensure and Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. Your facility was found to be in substantial compliance with Federal regulations during this survey.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, which states that the facility complies with the requirements of CFR 42, 483.70(a) of the federal requirements. This form is for your records only and does not need to be returned.

Thank you for the courtesies extended to us during the survey. If you have any questions, please contact this office at (208) 334-6626, option 3.

Sincerely,

Nate Elkins, Supervisor
Facility Fire Safety and Construction

NE/lj
Enclosure
K 000 INITIAL COMMENTS

The facility is a single story, Type V (111) structure constructed in August of 1971. It is fully sprinklered with a complete fire alarm/smoke detection system in hallways and open spaces. The Essential Electrical System is supplied by a propane powered, on-site automatic generator. Currently the facility is licensed for 80 SNF/NF beds and had a census of 28 on the date of the survey.

The facility was found to be in substantial compliance during the annual fire/life safety survey conducted on January 15, 2020. The facility was surveyed under the LIFE SAFETY CODE, 2012 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 483.70.

The Survey was conducted by:

Linda Chaney
Health Facility Surveyor
Facility Fire Safety & Construction
January 23, 2020

Richard Ord, Administrator
Bennett Hills Rehabilitation and Care Center
1220 Montana Street
Gooding, ID  83330-1856

Provider #: 135134

RE:  EMERGENCY PREPAREDNESS SURVEY REPORT COVER LETTER

Dear Mr. Ord:

On January 15, 2020, an Emergency Preparedness survey was conducted at Bennett Hills Rehabilitation and Care Center by the Bureau of Facility Standards/Department of Health & Welfare to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. Your facility was found to be in substantial compliance with Federal regulations during this survey.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, which states that the facility complies with the requirements of CFR 42, 483.70(a) of the federal requirements. This form is for your records only and does not need to be returned.

Thank you for the courtesies extended to us during the survey. If you have any questions, please contact this office at (208) 334-6626, option 3.

Sincerely,

[Signature]

Nate Elkins, Supervisor
Facility Fire Safety and Construction

NE/lj
Enclosure
The facility is a single story, Type V (111) structure constructed in August of 1971. It is fully sprinklered with a complete fire alarm/smoke detection system in hallways and open spaces. The Essential Electrical System is supplied by a propane powered, on-site automatic generator. Currently the facility is licensed for 80 SNF/NF beds and had a census of 28 on the date of the survey.

The facility was found to be in substantial compliance during the annual Emergency Preparedness Survey conducted on January 15, 2020. The facility was surveyed under the Emergency Preparedness Rule established by CMS, in accordance with 42 CFR 483.73.

The survey was conducted by:

Linda Chaney
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.