**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**IDENTIFICATION NUMBER:**

135102

**NAME OF PROVIDER OR SUPPLIER:**

SUNNY RIDGE

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

2609 SUNNYBROOK DRIVE
NAMPA, ID 83686

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**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
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<th>(X5) COMPLETION DATE</th>
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<td>INITIAL COMMENTS</td>
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On 1/27/20 an off-site follow-up survey was conducted, substantiating compliance for deficiencies identified during the annual Fire/Life Safety survey conducted on 12/18/19. Sunny Ridge 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

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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.
Bureau of Facility Standards

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**NAME OF PROVIDER OR SUPPLIER**

SUNNY RIDGE

**STREET ADDRESS, CITY, STATE, ZIP CODE**

2609 SUNNYBROOK DRIVE

NAMPA, ID 83686

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<td>On 1/27/20 an off-site follow-up survey was conducted, substantiating compliance for deficiencies identified during the annual Fire/Life Safety survey conducted on 12/18/19. Sunny Ridge was determined to be in substantial compliance with all IDAPA standards at this time.</td>
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The surveyor completing this survey was:

Sam Burbank
Health Facility Surveyor
Facility Fire/Safety and Construction

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STATE FORM 6899 VOB722

If continuation sheet 1 of 1
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:**

135102

**NAME OF PROVIDER OR SUPPLIER:**

SUNNY RIDGE

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

2609 SUNNYBROOK DRIVE

NAMPA, ID 83686

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**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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**Initial Comments**

On 1/27/20 an off-site follow-up survey was conducted, substantiating compliance for deficiencies identified during the Emergency Preparedness survey conducted on 12/18/19. Sunny Ridge 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

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**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

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**DATE**

01/27/2020

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*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.*