

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MDS001510</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/21/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY - MOSCOW VILL.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>640 NORTH EISENHOWER STREET MOSCOW, ID 83843</b>
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(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) COMPLETE DATE
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{C 000}	<p><b>INITIAL COMMENTS</b></p> <p>On February 21, 2019, an off-site follow-up survey of the facility was conducted to verify correction of a state licensure deficiency noted at the survey of January 17, 2019. Good Samaritan Society - Moscow Village was found to be in substantial compliance with all state licensure requirements as of February 15, 2019.</p> <p>The surveyor conducting the follow-up was Loretta Todd, R.N.</p>	{C 000}		
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Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>02/22/19</b>
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