

Bureau of Facility Standards

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MDS001311</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01 - ENTIRE BUILDING</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>04/16/2019</b> |
|--|--|---|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>IDAHO STATE VETERANS HOME - LEWISTON</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>821 21ST AVENUE<br/>LEWISTON, ID 83501</b> |
|---|--|

| (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 |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

|         |  |         |  |  |
|---------|--|---------|--|--|
| {C 000} | <p><b>INITIAL COMMENTS</b></p> <p>On 4/16/19 an off-site follow-up survey was conducted, substantiating compliance for deficiencies found during the annual Fire/Life Safety survey conducted on 3/26/19. Idaho State Veteran's Home of Lewiston was determined to be in substantial compliance with all State IDAPA standards at this time.</p> <p>The surveyor completing this survey was:</p> <p>Sam Burbank<br/>Health Facility Surveyor<br/>Facility Fire/Safety and Construction</p> | {C 000} |  |  |
|---------|--|---------|--|--|

|   |       |           |
|---|-------|-----------|
| Bureau of Facility Standards<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|