**Statement of Deficiencies and Plan of Correction**

**Provider/Supplier/CLIA Identification Number:**

**Building:**

135111

**Wing:**

**Multiple Construction**

**Date Survey Completed:**

R 10/16/2019

**Name of Provider or Supplier:** Syringa Chalet Nursing Facility

**Street Address, City, State, Zip Code:**

700 East Alice Street
Blackfoot, ID 83221

**Surveyors Conducting the Survey:**

Jim Troutfetter, QIDP Team Leader
Stephen Burgin, RN

**Summary Statement of Deficiencies**

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>ID Prefix Tag</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>On October 15, 2019 and October 16, 2019, an onsite revisit was conducted to verify correction of deficiencies noted during the survey of August 23, 2019. The facility was found to be in compliance as of October 3, 2019. The surveyors conducting the survey were: Jim Troutfetter, QIDP Team Leader Stephen Burgin, RN</td>
<td>F 000</td>
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</tbody>
</table>

**Laboratory Director's or Provider/Supplier Representative's Signature:**

*Electronically Signed*

**Date:**

10/18/2019

**Electronic Signature:**

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.