Dear Ms. Fenn:

On October 22, 2019, a Facility Fire Safety and Construction survey was conducted at Life Care Center of Idaho Falls 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

Enclosure
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**CENTERS FOR MEDICARE & MEDICAID SERVICES**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:</th>
<th>MULTIPLE CONSTRUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>135091</td>
<td>A. BUILDING 02 - ENTIRE BUILDING</td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

LIFE CARE CENTER OF IDAHO FALLS

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

2725 EAST 17TH STREET
IDAHO FALLS, ID 83406

**DATE SURVEY COMPLETED**

10/22/2019

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**INITIAL COMMENTS**

The facility is a single story Type V (III) building with partial basement, which is used for records storage and houses the facility water heaters. The facility was built in 1978 with a major renovation completed in 1998. The facility is fully sprinklered with a new smoke detection system installed throughout in 2011. Currently the facility is licensed for 109 SNF/NF beds with a census of 73 on the date of the survey.

The facility was found to be in substantial compliance during the annual fire/life safety survey conducted on October 21 - 22, 2019. 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

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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.
November 1, 2019

Briar Rose Fenn, Administrator
Life Care Center of Idaho Falls
2725 East 17th Street
Idaho Falls, ID 83406-6601

Provider #: 135091

RE: EMERGENCY PREPAREDNESS SURVEY REPORT COVER LETTER

Dear Ms. Fenn:

On October 22, 2019, an Emergency Preparedness survey was conducted at Life Care Center of Idaho Falls 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,

Nate Elkins, Supervisor
Facility Fire Safety and Construction

Enclosure
# Statement of Deficiencies and Plan of Correction

## Provider/Supplier/Clinical Laboratory Identification Number:

135091

## Name of Provider or Supplier

Life Care Center of Idaho Falls

## Street Address, City, State, Zip Code

2725 East 17th Street

**Idaho Falls, ID 83406**

## Date Survey Completed

10/22/2019

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E000</td>
<td>Initial Comments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The facility is a single story Type V (III) building with partial basement, which is used for records storage and houses the facility water heaters. The facility was built in 1978 with a major renovation completed in 1998. The facility is fully sprinklered with a new smoke detection system installed throughout in 2011. Currently the facility is licensed for 109 SNF/NF beds with a census of 77 on the dates of the survey.

The facility was found to be in substantial compliance during the annual Emergency Preparedness Survey conducted on October 21 - 22, 2019. 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 & 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.