On 10/22/19 an off-site follow-up survey was conducted, substantiating compliance for deficiencies identified during the annual Fire/Life Safety survey conducted on 8/14/19. Shaw Mountain of Cascadia 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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CUA
IDENTIFICATION NUMBER:
135090

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED
R
10/22/2019

NAME OF PROVIDER OR SUPPLIER
SHAW MOUNTAIN OF CASCADIA

STREET ADDRESS, CITY, STATE, ZIP CODE
909 RESERVE STREET
BOISE, ID 83712

(ID) PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

{E 000} Initial Comments

On 10/22/19 an off-site follow-up survey was
conducted, substantiating compliance for
deficiencies identified during the Emergency
Preparedness survey conducted on 8/14/19.
Shaw Mountain of Cascadia 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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(TITLE) (X6) DATE

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.