STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IDENTIFICATION NUMBER: 135130

NAME OF PROVIDER OR SUPPLIER: ASPEN TRANSITIONAL REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE: 2867 EAST COPPER POINT DRIVE

MERIDIAN, ID 83642

DATE SURVEY COMPLETED: 10/23/2019

On 10/23/19 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. Aspen Transitional Rehab 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

INITIAL COMMENTS

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.