**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:  
135146

(X2) MULTIPLE CONSTRUCTION  
A. BUILDING 01 - CASCADIA OF BOISE

B. WING

(X3) DATE SURVEY COMPLETED  
R  
10/30/2019

### NAME OF PROVIDER OR SUPPLIER

CASCADIA OF BOISE

### STREET ADDRESS, CITY, STATE, ZIP CODE

6000 W DENTON ST  
BOISE, ID 83704

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

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### INITIAL COMMENTS

On October 30, 2019, an off-site follow-up was conducted to verify correction of deficiencies noted at the survey of October 9, 2019. Cascadia of Nampa was found to be in substantial compliance with Life Safety Code, 2012 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 483.70 as of October 28, 2019.

The surveyor conducting the follow-up was Linda Chaney.

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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.
On October 30, 2019, an off-site follow-up was conducted to verify correction of deficiencies noted at the survey of October 9, 2019. Cascadia of Boise was found to be in substantial compliance with Emergency Preparedness Rule established by CMS as of October 25, 2019.

The surveyor conducting the follow-up was Linda Chaney.