November 27, 2019

Mark Dudley, Administrator
Weiser of Cascadia
331 East Park Street
Weiser, ID 83672-2053

Provider #: 135010

RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER LETTER

Dear Mr. Dudley:

On November 25, 2019, a Facility Fire Safety and Construction survey was conducted at Weiser of Cascadia 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
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**[X1] PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:**

135010

**[X2] MULTIPLE CONSTRUCTION**

A. BUILDING 01 - ENTIRE BUILDING

B. WING ______________

**[X3] DATE SURVEY COMPLETED**

11/25/2019

**NAME OF PROVIDER OR SUPPLIER**

WEISER OF CASCADIA

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

331 EAST PARK STREET

WEISER, ID 83672

**[X4] ID PREFIX TAG**

**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

**ID PREFIX TAG**

**PROVIDER'S PLAN OF CORRECTION**

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

**[X5] COMPLETION DATE**

K 000 INITIAL COMMENTS

The facility is a single story, type V (111) construction with a partial basement beneath the kitchen. The facility was constructed in 1964, is fully sprinklered and has partial smoke detection coverage. The Essential Electrical System is supplied by a natural gas powered, on-site automatic generator. Currently, the facility is licensed for 76 SNF/NF beds, and had a census of 42 on the date of the survey.

The facility was found to be in substantial compliance during the annual fire/life safety survey conducted on November 25, 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

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.
RE: EMERGENCY PREPAREDNESS SURVEY REPORT COVER LETTER

Dear Mr. Dudley:

On November 25, 2019, an Emergency Preparedness survey was conducted at Weiser of Cascadia 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/CLIA Identification Number:** 135010

**Name of Provider or Supplier:** Weiser of Cascadia

**Street Address, City, State, Zip Code:**
331 East Park Street
Weiser, ID 83672

**Date Survey Completed:** 11/25/2019

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<th>Summary Statement of Deficiencies</th>
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The facility was found to be in substantial compliance during the annual Emergency Preparedness Survey conducted on November 25, 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

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.