**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**

TERRACES OF BOISE, THE

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

5301 E WARM SPRINGS AVE

BOISE, ID 83716

**DATE SURVEY COMPLETED**

12/12/2019

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**INITIAL COMMENTS**

On 12/12/19 an off-site follow-up survey was conducted, substantiating compliance for deficiencies identified during the annual Fire/Life Safety survey conducted on 10/17/19. The Terraces of Boise 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

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**SUMMARY STATEMENT OF DEFICIENCIES**

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

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**PROVIDER'S PLAN OF CORRECTION**

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

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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 12/12/19 an off-site follow-up survey was conducted, substantiating compliance for deficiencies identified during the Emergency Preparedness survey conducted on 10/17/19. The Terraces of Boise 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