



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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May 20, 2015

Michael Day, Administrator
Independent Living Services Summerwind.
PO Box 6395
Boise, ID 83711

RE: Independent Living Services Summerwind, Provider #13G013

Dear Mr. Day:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Independent Living Services Summerwind, on May 15, 2015.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey. Also, enclosed is a similar form stating that no State licensure deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to our staff during our visit. If you have any questions, please call our office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark P. Grimes". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2015
NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING SERVICES SUMMERWIND			STREET ADDRESS, CITY, STATE, ZIP CODE 10349 SUMMERWIND DRIVE BOISE, ID 83704	
(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	<p>INITIAL COMMENTS</p> <p>The facility is a single story, type V(000) building built in 1981. The facility is protected by an automatic fire sprinkler system in habitable spaces. There is a fire alarm/smoke detection system installed. Currently the building is licensed for 5 ICF/ID beds.</p> <p>The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on May 15, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies, and 42 CFR, 483.470.</p> <p>The survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Facility Fire Safety & Construction</p>	K 000		

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.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2015
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NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING SERVICES SUMMERWI	STREET ADDRESS, CITY, STATE, ZIP CODE 10349 SUMMERWIND DRIVE BOISE, ID 83704
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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a single story, type V(000) building built in 1981. The facility is protected by an automatic fire sprinkler system in habitable spaces. There is a fire alarm/smoke detection system installed. Currently the building is licensed for 5 ICF/ID beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on May 15, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies, and in accordance with IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID).</p> <p>The survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Facility Fire Safety & Construction</p>	M 000		

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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