



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - GOVERNOR
RICHARD M. ARMSTRONG - DIRECTOR

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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
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PHONE: 208-364-1962
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September 18, 2015

Julie Johansen, Administrator
Silver Wood Village Assisted Living
PO Box 358
Silverton, Idaho 83867

Provider ID: RC-722

Ms. Johansen:

A state licensure/follow-up survey was conducted at Silver Wood Village Assisted Living between August 31, 2015 and September 1, 2015. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference, on September 1, 2015. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office by October 1, 2015.

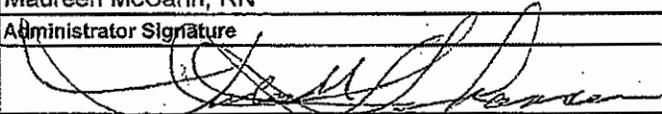
Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 364-1962. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

Maureen McCann - RN, MSW for
MAUREEN MCCANN, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/sc



Facility SILVER WOOD VILLAGE ASSISTED LIVING	License # RC-722	Physical Address 405 WEST 7TH STREET	Phone Number (208) 556-1147
Administrator Julie Johansen	City SILVERTON	ZIP Code 83867	Survey Date September 1, 2015
Survey Team Leader Maureen McCann, RN	Survey Type Licensure and Follow-up		RESPONSE DUE: October 1, 2015
Administrator Signature 	Date Signed 9/1/2015		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	300.01	The facility RN did not complete 90 day RN assessments for three of three sampled residents as required.		
2	300.03	The facility RN did not assess Resident #2's changes of condition, including: pneumonia, wounds and weight loss.		
3	350.04	The facility administrator did not provide written responses to all complainants.		
4	630.01	Two of five staff did not have documentation of dementia training. **Previously cited 5/27/2011**		
5	630.02	Two of five staff did not have documentation of mental illness training. **Previously cited 5/27/2011 & 8/22/2008**		
6	711.08	Care notes were not signed and dated by the person documenting the note.		
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