



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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

TAMARA PRISOCK – ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

February 4, 2016

Julie Johansen, Administrator  
Good Samaritan Society-- Silver Wood Village  
PO Box 358  
Silverton, ID 83867-0358

Provider #: 135058

**RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER LETTER**

Dear Ms. Johansen:

On **January 28, 2016**, a Facility Fire Safety and Construction survey was conducted at Good Samaritan Society-- Silver Wood Village 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,

Mark P. Grimes, Supervisor  
Facility Fire Safety and Construction

MPG/lj  
Enclosures

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

PRINTED: 02/03/2016  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |   |   |   |
|---|---|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>135058</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>02 - ENTIRE BUILDING</b><br><br>B. WING _____                      | (X3) DATE SURVEY COMPLETED<br><br><b>01/28/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOOD SAMARITAN SOCIETY - SILVER WOOD VILLAGE</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>405 WEST SEVENTH STREET<br/>SILVERTON, ID 83867</b>                 |   |
| (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><b>INITIAL COMMENTS</b></p> <p>The facility is a single story, type V (III) fully sprinklered structure built in 1975. A complete fire alarm system is in place. There is an assisted living wing with adjacent independent retirement wing with a two (2) hour fire wall separation between assisted living/skilled nursing and independent. The facility is currently licensed for 50 beds.</p> <p>The facility was found to be in substantial compliance during the annual life safety code survey conducted on January 28, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 483.70.</p> <p>The survey was conducted by:</p> <p>Nate Elkins<br/>Health Facility Surveyor<br/>Facility Fire Safety &amp; 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.