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

Enclosures
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.

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.

The survey was conducted by:

Nate Elkins
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.