July 3, 2017

Nolan Hoffer, Administrator
St Luke's Rehab - Elks Sub Acute Rehab Unit
600 North Robbins Road
Boise, ID 83702-4565

Provider #: 135114

RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER LETTER

Dear Mr. Hoffer:

On June 19, 2017, a Facility Fire Safety and Construction survey was conducted at St Luke's Rehab - Elks Sub Acute Rehab Unit 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,

Nate Elkins, Supervisor
Facility Fire Safety and Construction

NE/lj
Enclosures
**ST LUKE'S REHAB - ELKS SUB ACUTE REHAB UNIT**

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

600 NORTH ROBBINS ROAD
BOISE, ID 83702

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<th>INITIAL COMMENTS</th>
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<td>The facility is within a 4 story rehab hospital built in 1999-2000 that is fully sprinklered with Type I (443) construction. There is smoke detection in hallways, open spaces and patient rooms. Currently the SRU is located on the third floor and is licensed for 20 SNF beds. The facility was found to be in substantial compliance during the annual life safety code survey conducted on June 19, 2017. The facility was surveyed under the LIFE SAFETY CODE, 2012 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 483.70. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety and Construction</td>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
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<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
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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.