September 21, 2018

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 September 18, 2018, 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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CUA
IDENTIFICATION NUMBER:
135114

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - ENTIRE NF FLOOR
B. WING

(X3) DATE SURVEY COMPLETED
09/18/2018

NAME OF PROVIDER OR SUPPLIER
ST LUKE'S REHAB - ELKS SUB ACUTE REHAB UNIT

STREET ADDRESS, CITY, STATE, ZIP CODE
600 NORTH ROBBINS ROAD
BOISE, ID 83702

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

K 000 INITIAL COMMENTS

The facility is located on the third floor of a four (4) story building, Type I (443) construction. Floors one and two contain a rehabilitation hospital, physical therapy gyms, building services and administrative offices. The fourth floor is an Ambulatory Surgery Center. The building was built in 1999-2000 and is fully sprinklered and equipped with a manual fire alarm system with smoke detection throughout. The Essential Electrical System is supplied by a diesel powered, on-site automatic generator. Currently the sub-acute rehabilitation unit is licensed for 20 SNF beds and had a census of 13 on the dates of the survey.

The facility was found to be in substantial compliance during the annual fire/life safety survey conducted on September 17 - 18, 2018. The facility was surveyed under the LIFE SAFETY CODE, 2012 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 483.70, and 42 CFR 483.80.

The Survey was conducted by:

Linda Chaney
Health Facility Surveyor
Facility Fire Safety & Construction

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X4) ID
PREFIX
TAG

(X5) COMPLETION DATE

09/18/2018

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.
September 21, 2018

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

Provider #: 135114

RE: EMERGENCY PREPAREDNESS SURVEY REPORT COVER LETTER

Dear Mr. Hoffer:

On September 18, 2018, an Emergency Preparedness 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 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

Enclosures
## E 000 Initial Comments

The facility is located on the third floor of a four (4) story building, Type I (443) construction. Floors one and two contain a rehabilitation hospital, physical therapy gyms, building services and administrative offices. The fourth floor is an Ambulatory Surgery Center. The building was built in 1999-2000 and is fully sprinklered and equipped with a manual fire alarm system with smoke detection throughout. The Essential Electrical System is supplied by a diesel powered, on-site automatic generator. Currently the sub-acute rehabilitation unit is licensed for 20 SNF beds and had a census of 13 on the dates of the survey.

The facility was found to be in substantial compliance during the initial Emergency Preparedness Survey conducted on September 17 - 18, 2018. The facility was surveyed under the Emergency Preparedness Rule established by CMS, in accordance with 42 CFR 483.73.

The Survey was conducted by:

Linda Chaney  
Health Facility Surveyor  
Facility Fire Safety & Construction

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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.