



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

FILE COPY

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
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PHONE: (208) 334-6626
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June 27, 2011

David Bargmann, Administrator
Silverwood Village Assisted Living
Po Box 358
Silverton, ID 83867

FILE COPY

License #: Rc-722

Dear Mr. Bargmann:

On May 27, 2011, a State Licensure survey was conducted at Silver Wood Village Assisted Living - The Evangelical Lutheran Good Samaritan So. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Matt Hauser, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Matt Hauser
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/mh

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R722	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/27/2011
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NAME OF PROVIDER OR SUPPLIER SILVER WOOD VILLAGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 405 WEST 7TH STREET SILVERTON, ID 83867
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(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) COMPLETE DATE
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R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure/follow-up survey conducted 5/26/11 through 5/27/11 at your facility. The surveyors conducting the survey were:</p> <p>Matt Hauser, QMRP Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <i>Silverwood Village A.L</i>	Physical Address <i>405 West 7th Street</i>	Phone Number <i>208-556-1147</i>
Administrator <i>David Bergmann</i>	City <i>Silverton</i>	ZIP Code <i>83867</i>
Survey Team Leader <i>MATT HAUSER</i>	Survey Type <i>STANDARD & Follow-Up</i>	Survey Date <i>5/27/2011</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	305.0d	Residents #1 & #3's PRRV/OTC's (medications) were not available at the facility	6/26/11 <i>MA</i>	
2	600.06.b	The facility did have at least one staff member on each shift with current First Aid certification.	6/26/11 <i>MA</i>	
3	630.01.a-g	One of 5 staff reviewed did not have documentation of dementia training.	6/26/11 <i>MA</i>	
4	630.02.a-i	Five of 5 staff reviewed did not have documentation of Mental illness training * REPEAT *	6/26/11 <i>MA</i>	

Response Required Date <i>6/26/2011</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>5/27/11</i>
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