



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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

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

October 16, 2014

Jason Jensen, Administrator  
Riverview Rehabilitation  
3550 West Americana Terrace  
Boise, ID 83706-4728

Provider #: 135139

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

Dear Mr. Jensen:

On **October 15, 2014**, a Facility Fire Safety and Construction survey was conducted at Riverview Rehabilitation 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, and a copy of the State fire safety Statement of Deficiencies form, which states the facility complies with the Fire Protection Standards of the Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities. 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.

Sincerely,

Mark P. Grimes, Supervisor  
Facility Fire Safety and Construction

MPG/lj  
Enclosures

FILE COPY

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

PRINTED: 10/16/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - RIVERVIEW REHABILITATION  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERVIEW REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3550 WEST AMERICANA TERRACE BOISE, ID 83706</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>Riverview Rehabilitation is a single story Type V (111) constructed, skilled nursing facility, that is approximately 26,000 square feet in size. Plans were approved in September of 2012 and construction completed in March of 2013. The facility was licensed for 30 beds in April 2013 with an initial Medicare Certification survey being conducted on October 21, 2013.</p> <p>The facility is fully sprinklered, with corridor smoke detection and fire alarm system, type 2 Essential Electrical Service, and is subdivided into two smoke compartments, with seven exits to grade.</p> <p>The facility was found to be in substantial compliance during the Life Safety Code Survey conducted on October 15, 2014. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, New Health Care Occupancy in accordance with 42 CFR 483.70.a</p> <p>The surveyor's conducting the survey was:</p> <p>Nathan Elkins Health Facility Surveyor</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety &amp; Construction Program</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.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MDS001665</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - RIVERVIEW REHABILITATION</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVERVIEW REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3550 WEST AMERICANA TERRACE BOISE, ID 83706</b>
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C 000	<p><b>16.03.02 INITIAL COMMENTS</b></p> <p>The Administrative Rules of the Idaho Department of Health and Welfare, Skilled Nursing and Intermediate Care Facilities are found in IDAPA 16, Title 03, Chapter 2.</p> <p>Riverview Rehabilitation is a single story Type V (111) constructed, skilled nursing facility, that is approximately 26,000 square feet in size. Plans were approved in September of 2012 and construction completed in March of 2013. The facility was licensed for 30 beds in April 2013 with an initial Medicare Certification survey being conducted on October 21, 2013.</p> <p>The facility is fully sprinklered, with corridor smoke detection and fire alarm system, type 2 Essential Electrical Service, and is subdivided into two smoke compartments, with seven exits to grade.</p> <p>The facility was found to be in substantial compliance during the Life Safety Code Survey conducted on October 15, 2014. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, New Health Care Occupancy in accordance with 42 CFR 483.70.a and IDAPA 16.03.02 Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities.</p> <p>The surveyor's conducting the survey was:</p> <p>Nathan Elkins Health Facility Surveyor</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety &amp; Construction Program</p>	C 000		
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Bureau of Facility Standards  
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