



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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BUREAU OF FACILITY STANDARDS
3232 Elder Street
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Boise, Idaho 83720-0009
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October 24, 2013

Samuel R. Long, Administrator
Riverview Rehabilitation
3550 West Americana Terrace
Boise, ID 83706

RE: October 21, 2013, Initial Certification Survey Report Cover Letter

Dear Mr. Long:

On **October 21, 2013**, an initial certification and State Licensure survey was conducted at **Riverview Rehabilitation** by the Bureau of Facility Standards/Department of Health & Welfare to determine if your facility complied 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 the Statement of Deficiencies/Plan of Correction, Form CMS-2567, for both the Health and Facility Fire, Safety and Construction surveys listing no Medicare/Medicaid deficiencies. These forms are for your records only and do not need to be returned.

We have the necessary documents and information to process your initial application for Riverview Rehabilitation and have recommended to the Centers for Medicare and Medicaid Services (CMS) Regional Office approval of this initial certification. CMS Regional Office will make the final determination and send a written notification confirming your initial enrollment (or denial) to the new owner.

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,

LORETTA TODD, R.N., Supervisor
Long Term Care

LT/dmj
Enclosures

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

PRINTED: 10/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MDS001665	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2013
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 3550 WEST AMERICANA TERRACE BOISE, ID 83706
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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) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>Riverview Rehabilitation is in compliance with the requirements of 42 CFR Part 483 Subpart B, Requirements for Long Term Care Facilities. The survey team entered and exited on October 21, 2013.</p> <p>The surveyors were:</p> <p>Loretta Todd, R.N., Team Coordinator Lorene Kayser, L.S.W., Q.I.D.P</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

Bureau of Facility Standards

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C 000	<p>16.03.02 INITIAL COMMENTS</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 was found to be in compliance with IDAPA 16.03.02. The surveyors were:</p> <p>Loretta Todd, R.N., Team Coordinator Lorene Kayser, L.S.W., Q.I.D.P</p>	C 000		
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K 000	<p>INITIAL COMMENTS</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 21, 2013. 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 conducting the survey was:</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety & Construction Program</p>	K 000			

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TITLE

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