October 22, 2019

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 October 15, 2019, 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/jj
Enclosure
The facility is located on the third floor of a four (4) story, Type I (443) structure originally constructed in 1999. Ancillary and support services are on the first and second floors. The entire building is fully sprinklered with an interconnected fire alarm/smoke detection system. The facility is equipped with an on-site, diesel-fired, Emergency Power Supply System (EPSS) generator for back-up emergency power. Currently the sub-acute rehabilitation unit is licensed for 20 SNF beds and had a census of 9 on the date of the survey.

The facility was found to be in substantial compliance during the annual fire/life safety survey conducted on October 15, 2019. 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:

Sam Burbank
Health Facility Surveyor
Facility Fire Safety & Construction

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<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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<td>K 000</td>
<td>INITIAL COMMENTS</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.
October 22, 2019

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 October 15, 2019, 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

NE/Ij
Enclosure
The facility is located on the third floor of a four (4) story, Type I (443) structure originally constructed in 1999. Ancillary and support services are on the first and second floors. The entire building is fully sprinklered with an interconnected fire alarm/smoke detection system. The building is located within a municipal fire district with both county and state EMS services available. The facility is equipped with an on-site, diesel-fired, Emergency Power Supply System (EPSS) generator for back-up emergency power. Currently the sub-acute rehabilitation unit is licensed for 20 SNF beds and had a census of 9 on the date of the survey.

The facility was found to be in substantial compliance during the Emergency Preparedness Survey conducted on October 15, 2019. The facility was surveyed under the Emergency Preparedness Rule established by CMS, in accordance with 42 CFR 483.73.

The Survey was conducted by:

Sam Burbank
Health Facility Surveyor
Facility Fire Safety & Construction