December 18, 2019

Michael Neubauer, Administrator
Good Samaritan Society - Silver Wood Village
PO Box 358
Silverton, ID 83867-0358

Provider #: 135058

RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER LETTER

Dear Mr. Neubauer:

On December 9, 2019, a Facility Fire Safety and Construction survey was conducted at Good Samaritan Society - Silver Wood Village 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
Enclosure
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:**

- 135058

**NAME OF PROVIDER OR SUPPLIER:**

- GOOD SAMARITAN SOCIETY - SILVER WOOD VILLAGE

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

- 405 WEST SEVENTH STREET
  - SILVERTON, ID 83867

**DATE SURVEY COMPLETED:**

- 12/09/2019

**SUMMARY STATEMENT OF DEFICIENCIES**

- **K 000 INITIAL COMMENTS**
  
  The facility is a single-story, type V (111) construction built in 1975. The building is fully sprinklered with a complete fire alarm/smoke detection system. There is an assisted living wing with adjacent independent living wing with a two (2) hour fire wall separation between the assisted living and independent living. The facility is currently licensed for 50 beds, and had a census of 40 on the date of the survey.

  The facility was found to be in substantial compliance during the annual fire/life safety survey conducted on December 9, 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:

  - Linda Chaney
    - Health Facility Surveyor
    - Facility Fire Safety and Construction

**PROVIDER'S PLAN OF CORRECTION**

- **K 000**

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.
December 18, 2019

Michael Neubauer, Administrator
Good Samaritan Society - Silver Wood Village
PO Box 358
Silverton, ID 83867-0358

Provider #: 135058

RE: EMERGENCY PREPAREDNESS SURVEY REPORT COVER LETTER

Dear Mr. Neubauer:

On December 9, 2019, an Emergency Preparedness survey was conducted at Good Samaritan Society - Silver Wood Village 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/lj
Enclosure
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES  

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:  135058  

(X2) MULTIPLE CONSTRUCTION  
A. BUILDING  
B. WING  

(X3) DATE SURVEY COMPLETED:  12/09/2019  

NAME OF PROVIDER OR SUPPLIER  
GOOD SAMARITAN SOCIETY - SILVER WOOD VILLAGE  

STREET ADDRESS, CITY, STATE, ZIP CODE  
405 WEST SEVENTH STREET  
SILVERTON, ID 83867  

(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  

E 000  
Initial Comments  

The facility is a single-story, type V (111) construction built in 1975. The building is fully sprinklered with a complete fire alarm/smoke detection system. There is an assisted living wing with adjacent independent living wing with a two (2) hour fire wall separation between the assisted living and independent living. The facility is currently licensed for 50 beds, and had a census of 40 on the date of the survey.  

The facility was found to be in substantial compliance during the annual Emergency Preparedness Survey conducted on December 9, 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:  
Linda Chaney  
Health Facility Surveyor  
Facility Fire Safety & Construction  

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

FORM CMS-2567(02-99) Previous Versions Obsolete  
Event ID: 846X21  
Facility ID: MDS001740  
If continuation sheet  Page 1 of 1