



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

FILE COPY

March 23, 2015

Monte A. Jones, Administrator  
Rexburg Care & Rehabilitation Center  
660 South Second Street West  
Rexburg, ID 83440-2300

Provider #: 135105

Dear Mr. Jones:

On **March 17, 2015**, we conducted an on-site follow-up revisit to verify that your facility had achieved and maintained compliance. We had presumed, based on your allegation of compliance, that your facility was in substantial compliance as of **March 4, 2015**. However, based on our on-site follow-up revisit conducted **March 17, 2015**, we found that your facility is not in substantial compliance with the following participation requirements:

**F371 -- S/S: F -- 483.35(i) -- Food Procure, Store/Prepare/Serve - Sanitary**

Enclosed is a Statement of Deficiencies and Plan of Correction, Form CMS-2567, listing Medicare and/or Medicaid deficiencies. In the spaces provided on the right side of each sheet, answer each deficiency and state the date when each will be completed. **Please provide ONLY ONE completion date for each federal in column X5 Completion Date** to signify when you allege that each tag will be back in compliance. Waiver renewals may be requested on the Plan of Correction.

After each deficiency has been answered and dated, the administrator should sign the Form CMS-2567, Statement of Deficiencies and Plan of Correction in the spaces provided and return the originals to this office.

Your copy of the Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed.

Your Plan of Correction (PoC) for the deficiencies must be submitted by **April 6, 2015**.

The components of a Plan of Correction, as required by CMS must:

- Address what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- Address how you will identify other residents who have the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- Address what measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur;
- Indicate how the facility plans to monitor performance to ensure the corrective action(s) are effective and compliance is sustained.
- Include dates when corrective action will be completed in column (X5).

If the facility has not been given an opportunity to correct, the facility must determine the date compliance will be achieved. If CMS has issued a letter giving notice of intent to implement a denial of payment for new Medicare/Medicaid admissions, consider the effective date of the remedy when determining your target date for achieving compliance.

- The administrator must sign and date the first page of both the federal survey report, Form CMS-2567 and the state licensure survey report, State Form.

All references to federal regulatory requirements contained in this letter are found in *Title 42, Code of Federal Regulations*.

As noted in the letter of January 16, 2015, following the Recertification and State Licensure survey of December 18, 2014, we have already made the recommendation to the Centers for Medicare and Medicaid Services (CMS) for Denial of Payment for New Admissions and termination of the provider agreement on **June 18, 2015**, if substantial compliance is not achieved by that time. On **January 26, 2015**, CMS notified the facility of the intent to impose the following remedies:

- DPNA made on or after **March 18, 2015**
- A 'per instance' civil money penalty of \$2000.00.

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.**

Monte A. Jones, Administrator  
March 23, 2015  
Page 3 of 3

If you believe the deficiencies have been corrected, you may contact David Scott, R.N. or Nina Sanderson, L.S.W., Supervisors, Long Term Care, Bureau of Facility Standards, 3232 Elder Street, Post Office Box 83720, Boise, Idaho, 83720-0009; phone number: (208) 334-6626, Option 2; fax number: (208) 364-1888, with your written credible allegation of compliance. If you choose and so indicate, the PoC may constitute your allegation of compliance.

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You may also contest scope and severity assessments for deficiencies, which resulted in a finding of SQC or immediate jeopardy. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2001-10. Informational Letter #2001-10 can also be found on the Internet at:

<http://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateFederalPrograms/NursingFacilities/tabid/434/Default.aspx>

go to the middle of the page to **Information Letters** section and click on **State** and select the following:

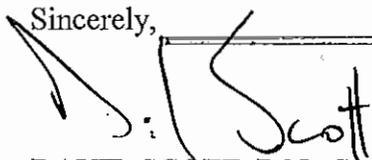
- BFS Letters (06/30/11)

2001-10 Long Term Care Informal Dispute Resolution Process  
2001-10 IDR Request Form

This request must be received by **April 2, 2015**. If your request for informal dispute resolution is received after **April 2, 2015**, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during the on-site follow-up revisit survey. If you have any questions, comments or concerns, please contact David Scott, R.N. or Nina Sanderson, L.S.W., Supervisors, Long Term Care at (208) 334-6626, Option 2.

Sincerely,



DAVID SCOTT, R.N., Supervisor  
Long Term Care

DJS/dmj  
Enclosures

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

PRINTED: 03/23/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R 03/17/2015
NAME OF PROVIDER OR SUPPLIER  REXBURG CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 660 SOUTH SECOND STREET WEST REXBURG, ID 83440		
(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	
{F 000}	INITIAL COMMENTS  The following deficiencies were cited during the follow-up survey of your facility.  The surveyors conducting the survey were: Lorene Kayser, LSW, Team Coordinator Amy Barkley, RN, BSN The survey team entered the facility on March 16 and exited on March 17, 2015.	{F 000}	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, <b>Rexburg Care &amp; Rehabilitation Center</b> does not admit that the deficiency listed on this form exist, nor does the Center admit to any statement, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."  <b>F371</b>  <b>1)</b> On or before April 2nd, 2015 the self-serve coffee thermoses will be cleaned or replaced, the storage basket for condiments will be cleaned, the three floor tiles in front of the door in the dining room leading to the kitchen that were cracked and chipped will be replaced, the build-up of food debris will be cleaned from the threshold of the door, the wall behind the kitchen door will be cleaned, the three floor/wall tiles on the same wall that had debris in the cracks will be repaired and cleaned, the black smudge marks along the open side of the door will be cleaned, the inside and outside of the oven doors will be cleaned of film, the backsplash on the stove behind the three rear burners and the hood over the burners will be cleaned, the yellow and brown film, the steam table shelves below the table top will be cleaned, the table top around the serving trays and on the top shelf above		
{F 371} SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure all areas of the kitchen, including the floor, walls, counter tops, and equipment, were free of debris, soil buildup and/or otherwise unsanitary conditions. These failures created the potential for contamination of food and exposed residents to potential sources of disease causing pathogens. This was true for 8 of 8 sample residents (#s 3, 5, 9, 14, 15, 16, 17 and 18) and all other residents who ate food prepared in the kitchen . Findings included:  <i>RECEIVED APR - 2 2015 FACILITY STANDARDS</i>	{F 371}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE Administrator (X6) DATE 4-1-15

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.

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{F 371}	<p>Continued From page 1</p> <p>Upon entrance to the facility on 3/16/15 at 1:40 PM, the administrator provided the survey team with two large binders that included information related to the facility's plan of corrections for each of the deficient practices cited during the recertification survey of 12/18/14. This included information related to F371.</p> <p>On 3/16/15 starting at 1:45 p.m., the following was observed during a tour of the facility's kitchen and dining rooms directly outside the kitchen where coffee was served:</p> <ul style="list-style-type: none"> <li>* The self-serve coffee thermoses in both dining rooms had dried coffee down the front, on the sides and all around the base where packets of sugar, coffee cups etc. were stored.</li> <li>* Three floor tiles in front of the door in the dining room leading to the kitchen were cracked and chipped. A build up of food debris and other unidentified debris was noted along the entire length of threshold of the door.</li> <li>* The wall behind the kitchen door that was open to the dining room was stained with black residue and streaks approximately three feet down the wall.</li> <li>* Three floor/wall tiles on the same wall were peeling away from the wall and had debris in the cracks.</li> <li>* Black smudge marks were noted along the wall on the open side of the door.</li> <li>* The inside and outside of the oven doors had a yellow/brown sticky film on them.</li> <li>* The backsplash on the stove behind the three rear burners and the hood over the burners had a black, yellow, and brown sticky film on it and the hood over the burners had a yellow, brown sticky film.</li> <li>* Steam table shelves below the table top, which contained bowls and plates, had food debris and</li> </ul>	{F 371}	<p>the steam table top will be cleaned, the kitchen floor behind the steam table, in front of the oven, in the food preparation area and in front of the oven, the reach-in-refrigerator will be cleaned and repaired, the three water/juice pitchers will be replaced, the eleven water/juice pitchers will be cleaned, the six coffee mugs will be cleaned, the eighteen lids for plastic insulated coffee carriers will be cleaned. This work will be performed by the Food Service Director or designee.</p> <p>2) A kitchen sanitation and physical plant audit was completed by the center Administrator and Region Vice President on or before April 2nd 2015. Any findings were corrected at time of inspection or scheduled for correction/repairs.</p> <p>3) Administrator or designees were reeducated on or before April 2nd 2015 on sanitation and physical plant standards for the kitchen by Regional Food and Nutrition Manager. Dietary staff were re-educated by the Center Administrator and Regional Food and Nutrition Manager on or before April 2nd 2015 regarding cleaning standards for the kitchen. The Food Service Supervisor and dietary staff will be educated by the Maintenance Director on requesting repair work to be completed in the dietary area(s).</p> <p><u>System change</u> – On or before April 2<sup>nd</sup> 2015 the Food Service Supervisor will develop kitchen cleaning</p>	

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{F 371}	<p>Continued From page 2 bread crumbs in them.</p> <ul style="list-style-type: none"> <li>* Food debris and bread crumbs were observed on the table top around the serving trays and on the top shelf above the steam table top.</li> <li>* Food debris was observed on the kitchen floor behind the steam table, in front of the oven, in the food preparation area, and in front of the oven.</li> <li>* A red and yellow sticky substance was observed on the floor of the reach-in-refrigerator.</li> <li>* Three water/juice pitchers had brown residue on the inside and outside.</li> <li>* Eleven water/juice pitchers were observed to have dried food debris on the inside of the pitchers.</li> <li>* Six coffee mugs had a dried brown film on the inside surface of the mugs.</li> <li>* Eighteen lids for plastic insulated coffee carafes had dried brown debris inside the lids and around the threads of each the lids. The basket the lids were kept in had a crusty dried brown film on the bottom of it. The basket of lids was on the bottom shelf near the dishwashing area where numerous other dishes including the cups and pitchers identified above were stored.</li> </ul> <p>At the conclusion of the observations, the Food Service Supervisor (FSS) was interviewed. The FSS agreed that the mugs and water pitchers were not clean and stated that the insulated carafes were no longer used but could not account for why they were stored with the other clean dishes that were in use. At 2:55 PM, the administrator and FSS was informed of the identified concerns. They confirmed the identified surfaces were not clean.</p> <p>The facility's Plan of Correction stated the administrator or designee would conduct weekly audits of the kitchen for 4 weeks starting 2/23/15.</p>	{F 371}	<p>checklists/assignments that will be carried out by the dietary staff daily. The Food Service Supervisor or designee will conduct a sanitation inspection daily and address any areas of concern at the time of identification. Staff will be reeducated in real time as needed. The Administrator will conduct a weekly sanitation inspection in conjunction with the Food Service Supervisor. Areas of concern will be addressed at the time of identification. The Regional Food and Nutrition Manager will conduct a monthly sanitation inspection for 3 months in conjunction with the Administrator and the Food Service Supervisor. Areas of concern will be addressed at the time of identification.</p> <p>4) The Food and Service Supervisor or designee will conduct a sanitation inspection daily and address any areas of concern at the time of identification. Staff will be reeducated in real time as needed. The Administrator will conduct a weekly sanitation inspection in conjunction with the Food Service Supervisor. Areas of concern will be addressed at the time of identification. The Regional Food and Nutrition Manager will conduct a monthly sanitation inspection for 3 months in conjunction with the Administrator and the Food Service Supervisor. Audit results will be reported to the Performance Improvement Committee for a minimum of 6 months or until compliance sustained.</p>		

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{F 371}	Continued From page 3 Review of the facility's binder information revealed a couple of Food Safety and Sanitation Audit forms that had been completed in January and February, prior to the facility's allegation date of 3/4/15. At least one had been completed by the facility's administrator and another by the facility's dietician. At 10:55 AM on 3/17/15, when asked if additional reviews had been completed in the kitchen, the administrator provided the additional weekly audits for February and March 6 and 13, 2015. The 3/6 and 3/13/15 were completed by the FSS rather than the administrator.	{F 371}	Beginning the week of April 2 <sup>nd</sup> , 2015, Maintenance Director or designee will complete a monthly environmental audit to ensure that any areas requiring physical repairs are addressed. Any findings will be corrected. Audit results will be reported to the Performance Improvement Committee for a minimum of 6 months or until compliance sustained.  5) The Center Administrator is responsible for monitoring and compliance.  Compliance Date: 04/02/2015	