



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
DEBBY RANSOM, R.N., R.H.I.T. – Chief  
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3232 Elder Street  
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July 1, 2016

Chuck Williams, Administrator  
Riverview Rehabilitation  
3550 West Americana Terrace  
Boise, ID 83706-4728

Provider #: 135139

Dear Mr. Williams:

On June 30, 2016, an on-site revisit of your facility was conducted to verify correction of deficiencies noted during the survey of April 28, 2016. Riverview Rehabilitation was found to be in substantial compliance with federal health care requirements regulations as of May 21, 2016.

Thank you for the courtesies extended to us during our on-site revisit. 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, RN, Supervisor  
Long Term Care

DS/lj



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July 22, 2016

Chuck Williams, Administrator  
Riverview Rehabilitation  
3550 West Americana Terrace  
Boise, ID 83706-4728

Provider #: 135139

Dear Mr. Williams:

On **June 30, 2016**, an unannounced on-site complaint survey was conducted at Riverview Rehabilitation.

Call light placement was observed throughout the survey. Resident fall precautions were observed. Resident grooming was observed. Resident pressure ulcer prevention measures were observed.

The clinical record of the identified resident was reviewed for Quality of Life and Quality of Care concerns. Five other residents' records were reviewed for Quality of Life and Quality of Care concerns. The facility's Incident and Accidents for May and June 2016 were reviewed. The facility's Grievance file for May and June 2016 were reviewed.

Five residents were interviewed regarding Quality of Life and Quality of Care concerns. Several Certified Nursing Aides and nurses were interviewed regarding Quality of Life and Quality of Care concerns. The Director of Nursing was interviewed regarding Quality of Life and Quality of Care concerns. The complaint allegations, findings and conclusions are as follows:

**Complaint #ID00007302**

**ALLEGATION #1:**

The Reporting Party said an identified resident fell out of the bed due to improper mattress type, bed height and the facility not taking appropriate fall precautions.

Chuck Williams, Administrator  
July 22, 2016  
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**FINDINGS #1:**

The complaint was investigated in conjunction with the facility's Recertification and State Licensure follow-up survey conducted from June 29, 2016 to June 30, 2016.

The identified resident was no longer residing in the facility at the time the complaint was investigated.

Two residents were observed for fall precautions, including proper bed height and mattress type and no concerns were identified.

The identified resident's clinical record was reviewed and no fall precaution concerns were identified. Two other residents' records were reviewed and no fall precaution concerns were identified. The facility's Incident and Accidents Reports for May and June 2016 were reviewed and no fall precaution concerns were identified. The facility's Grievance file for May and June 2016 were reviewed and no concerns were identified.

Two residents were interviewed and said they had no concerns regarding fall precautions implemented by the facility. Two Certified Nursing Aides and a nurse were interviewed regarding bed height and fall precautions and said the facility took appropriate precautions for all residents and especially for those with a history of falls. The Director of Nursing said fall precautions were appropriate for the identified resident and other residents.

Based on observation, record review, and resident and staff interview, it was determined the allegation could not be substantiated.

**CONCLUSIONS:**

Unsubstantiated. Lack of sufficient evidence.

**ALLEGATION #2:**

The call light was not accessible for an identified resident.

**FINDINGS #2:**

All resident rooms were observed for call light placement and no concerns were identified.

The facility's Incident and Accidents for May and June 2016 were reviewed and no concerns regarding call light accessibility was identified. The facility's Grievance file for May and June 2016 were reviewed and no concerns regarding call light accessibility were identified.

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Five residents were interviewed and said staff always ensured call lights were accessible. Two Certified Nursing Aides said they ensured call lights were accessible to the residents when they left their rooms.

Based on observation, record review, and resident and staff interviews, it was determined the allegation could not be substantiated.

**CONCLUSIONS:**

Unsubstantiated. Lack of sufficient evidence.

**ALLEGATION #3:**

An identified resident was on medication which could cause death to the elderly.

**FINDINGS #3:**

The identified resident's clinical record was reviewed for appropriate medication and medication consent forms and no concerns were identified. Five other residents' records were reviewed for medications and consent forms and no concerns were identified.

One nurse and the Director of Nursing said the identified resident and other residents received the appropriate medication and if a medication could cause death, then the appropriate consents were signed by residents or their responsible party.

Based on record review and staff interview, it was determined the allegation could not be substantiated.

**CONCLUSIONS:**

Unsubstantiated. Lack of sufficient evidence.

**ALLEGATION #4:**

An identified resident developed pneumonia.

**FINDINGS #4:**

The medical record of the identified resident was reviewed for proper treatment of infections and delay in treatment and no concerns were identified. Five other residents' records were reviewed for Quality of Care concerns and no issues were identified.

Chuck Williams, Administrator  
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Five residents were interviewed regarding clinical treatments and no concerns were identified. The Director of Nursing was interviewed and said residents received appropriate treatment and worked with physicians to ensure clinical decisions for residents were appropriate.

Based on record review and staff interview, it was determined the allegation could not be substantiated.

**CONCLUSIONS:**

Unsubstantiated. Lack of sufficient evidence.

**ALLEGATION #5:**

The identified resident developed pressure ulcers.

**FINDINGS #5:**

Five residents were observed for pressure ulcer prevention measures and no concerns were identified. One resident with pressure ulcers was observed for care and precautions and no concerns were identified.

The clinical record of the identified resident was reviewed for pressure ulcer- and skin issues and no concerns were identified. One other resident's record was reviewed for pressure ulcer- and skin issues and no concerns were identified. The facility's Incident and Accidents for May and June 2016 were reviewed and no pressure ulcer concerns were identified. The facility's Grievance file for May and June 2016 was reviewed and no concerns were identified.

A nurse and the Director of Nursing said pressure ulcer preventions were put into place for residents and those residents with pressure ulcers received appropriate treatments.

Based on observations, record review and staff interview, it was determined the allegation could not be investigated.

**CONCLUSIONS:**

Unsubstantiated. Lack of sufficient evidence.

**ALLEGATION #6:**

An identified resident was unkempt and did not receive a shower for nine days.

Chuck Williams, Administrator  
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FINDINGS #6:

Five residents and a majority of the other residents in the facility were observed for proper grooming and no concerns were identified.

The clinical record of the identified resident was reviewed for bathing and no concerns were identified. Four other residents' records were reviewed for bathing and no concerns were identified. The facility's Grievance file for May and June 2016 was reviewed and no bathing concerns were identified.

Four residents were interviewed and said they received enough showers and were properly groomed. The Director of Nursing said residents received their showers.

Based on observation, record review, resident and staff interview, it was determined the allegation could not be substantiated.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

As none of the allegations were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

A handwritten signature in black ink that reads "D. Scott". The signature is written in a cursive, slightly slanted style.

David Scott, RN, Supervisor  
Long Term Care

DS/lj

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

PRINTED: 08/08/2016  
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 _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/30/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERVIEW REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3550 WEST AMERICANA TERRACE</b> <b>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	
F 000	<p><b>INITIAL COMMENTS</b></p> <p>This complaint was investigated in correlation with a follow-up survey on June 29, 2016 and June 30, 2016. The surveyors conducting the investigation were: Brad Perry, LSW, Team Coordinator Lorraine Hutton, RN</p> <p>No deficiencies were cited during the investigation.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

07/22/2016

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.