



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
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BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
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August 16, 2016

Mark Teckmeyer, Administrator  
Bingham Memorial Skilled Nursing & Rehabilitation  
98 Poplar Street  
Blackfoot, ID 83221-1758

Provider #: 135007

Dear Mr. Teckmeyer:

On August 11, 2016, an on-site revisit of your facility was conducted to verify correction of deficiencies noted during the survey of June 17, 2016. Bingham Memorial Skilled Nursing & Rehabilitation was found to be in substantial compliance with federal health care requirements regulations as of July 22, 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,

Nina Sanderson, LSW, Supervisor  
Long Term Care

NS/lj

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

PRINTED: 08/17/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/11/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BINGHAM MEMORIAL SKILLED NURSING &amp; REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>98 POPLAR STREET</b> <b>BLACKFOOT, ID 83221</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>On 8/11/16, an onsite revisit survey of your facility was conducted to verify correction of deficiencies noted during the survey of Bingham Memorial Skilled Nursing &amp; Rehabilitation on 6/17/16 and was found to be in substantial compliance with federal health care regulations as of 7/22/16.</p> <p>The surveyor(s) conducting the survey were: Brad Perry, BSW, LSW Jenny Walker, RN</p>	{F 000}			

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

TITLE

(X6) DATE

Electronically Signed

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.