



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

July 3, 2014

John A. Schulkins, Administrator
Kindred Nursing & Rehabilitation - Canyon West
2814 South Indiana Avenue
Caldwell, ID 83605-5925

Provider #: 135051

Dear Mr. Schulkins:

On July 1, 2014, an on-site follow-up revisit of your facility was conducted to verify correction of deficiencies noted during the Recertification, Complaint Investigation and State Licensure survey of February 14, 2014, and the Complaint Investigation survey of April 16, 2014. Kindred Nursing & Rehabilitation - Canyon West was found to be in substantial compliance with health care requirements as of **May 7, 2014**. In addition, a Complaint Investigation survey was conducted in conjunction with the on-site follow-up.

Your copies of the Post-Certification Revisit Reports, Form CMS-2567B, listing the deficiencies that have been corrected is enclosed. The findings to the Complaint Investigation is also enclosed.

Thank you for the courtesies extended to us during our follow-up revisit. If you have any questions, comments or concerns, please contact Lorene Kayser, L.S.W., Q.M.R.P. or David Scott, R.N., Supervisors, Long Term Care at (208) 334-6626.

Sincerely,


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

DS/dmj
Enclosures



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2814 South Indiana Avenue
Caldwell, ID 83605-5925

Provider #: 135051

Dear Mr. Schulkins:

On **July 1, 2014**, a Complaint Investigation survey was conducted at Kindred Nursing & Rehabilitation - Canyon West. Susan Gollobit, R.N., Lauren Hoard, R.N. and Lorraine Hutton, R.N. conducted the complaint investigation.

The complaint allegations, findings and conclusions are as follows:

Complaint #ID00006401

ALLEGATION #1:

The complainant stated the resident had been transferred to her wheelchair per a "fireman lift." While doing this, the resident's arm was broken. The facility was not aware of the resident's diagnosis of multiple myeloma.

FINDINGS:

During the complaint investigation, the resident's chart was reviewed, the facility's patient transfer policies were reviewed, observations of residents being transferred were completed and the DoN was interviewed.

The admitting diagnosis included multiple myeloma.

John A. Schulkins, Administrator

July 3, 2014

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The resident's progress notes documented the transfer on December 3, 2013, was performed with proper techniques. The transfer was performed by two staff members, a licensed nurse and a CNA. The progress note documented use of a gait belt, and "the transfer was done appropriately and the resident was in good position." A pop was heard during the transfer and assessed, and then followed up with notification to the resident's doctor and an x-ray. The x-ray confirmed a fracture to the right humerus.

On June 30, 2014, during the investigation, two residents' transfers were observed to be performed appropriately.

Due to lack of evidence of an improper transfer performed on the resident and information gathered during the investigation, the allegation was not substantiated.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

As none of the complaint's 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 "David Scott, R.N.". The signature is written in a cursive style with a large, stylized "D" and "S".

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

DS/dmj