



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR
LICENSING & CERTIFICATION
DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
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July 27, 2016

Craig Johnson, Administrator
Boundary County Nursing Home
6640 Kaniksu Street
Bonners Ferry, ID 83805-7532

Provider #: 135004

Dear Mr. Johnson:

Congratulations to both you and your staff on your deficiency-free survey. In today's world with numerous regulations, it is indeed impressive to see a facility functioning as a team at this level.

Continuing to meet the needs of your residents – while recognizing and meeting the administrative needs of your business – is a daily commitment to quality ongoing assessment, care planning and consistent provision of services to each and every client. The greater challenge, of course, is to be able to work as a team to provide this high level of caring and service day after day, week after week, year after year.

Again, **Congratulations** to you and your staff for a job well done, and I challenge you to keep this same high standard in the coming year.

Sincerely,

DEBRA RANSOM, R.N., R.H.I.T.
Bureau Chief

DR/lj



DIRK KEMPTHORNE – Governor
KARL B. KURTZ – Director

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

PRINTED: 08/05/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/14/2016
NAME OF PROVIDER OR SUPPLIER BOUNDARY COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6640 KANIKSU STREET BONNERS FERRY, ID 83805		
(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>INITIAL COMMENTS</p> <p>Boundary County Extended Care Facility is in substantial compliance with 42 CFR Part 483 Requirements for Long Term Care Facilities.</p> <p>The survey team entered the facility on July 11, 2016 and exited on July 14, 2016.</p> <p>The surveyors conducting the survey were: Amy M Barkley, RN, BSN 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.



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January 6, 2017

Craig Johnson, Administrator
Boundary County Nursing Home
6640 Kaniksu Street
Bonners Ferry, ID 83805-7532

Provider #: 135004

Dear Mr. Johnson:

On **July 14, 2016**, an unannounced on-site complaint survey was conducted at Boundary County Nursing Home. The complaint was investigated in conjunction with the facility's on-site Annual Recertification and State Licensure survey conducted from July 11, 2016 to July 14, 2016.

The complaint allegations, findings and conclusions are as follows:

Complaint #ID00007275

ALLEGATION:

- The reporting party stated the facility's Activities Program did not accommodate residents with special needs and/or residents who would benefit from small group activities.
- The monthly Activity Calendar did not change month to month or year after year.
- The facility does not take residents on weekly outings and there is no entertainment or "inter-generational activities."

FINDINGS:

Several residents were observed during both scheduled- and non-scheduled activities throughout the survey.

Craig Johnson, Administrator
January 6, 2017
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Grievances and Resident Council meeting minutes for January 2016 through July 2016 did not reveal concerns related to the facility's Activities Program.

Twelve residents in a group meeting stated the facility provided group and or one-to-one activities for residents that met their interests Six residents in the group meeting stated they were taken to the county fair, festival of trees, craft fair, and would go fishing in July or August. Two of the residents stated their family members pick them up and take them out of the facility. Four residents stated they would like to go sight seeing.

Based on interview and record review, this 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 cursive script that reads "Nina Sanderson (L.S.W.)".

Nina Sanderson, L.S.W., Supervisor
Long Term Care

NS/lj