



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
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

October 24, 2016

Joan Martellucci, Administrator
Coeur d'Alene Health Care & Rehabilitation Center
2514 North Seventh Street
Coeur d'Alene, ID 83814-3720

Provider #: 135052

Dear Ms. Martellucci:

On October 14, 2016, a complaint investigation on-site revisit of your facility was conducted to verify correction of deficiencies noted during the survey of September 8, 2016. Coeur D'Alene Health Care & Rehabilitation Center was found to be in substantial compliance with federal health care requirements regulations as of **October 13, 2016**.

The findings to the Complaint Investigation are being processed and will be sent to your facility under separate cover.

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



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January 6, 2017

Joan Martellucci, Administrator
Coeur d'Alene Health Care & Rehabilitation Center
2514 North Seventh Street
Coeur d'Alene, ID 83814-3720

Provider #: 135052

Dear Ms. Martellucci:

On **October 14, 2016**, an unannounced on-site complaint survey was conducted at Coeur d'Alene Health Care & Rehabilitation Center. The complaint was investigated in conjunction with the facility's on-site Recertification and State Licensure survey conducted October 13, 2016 through October 14, 2016.

Call lights were observed throughout the survey. Residents were observed for wet and soiled incontinent briefs. Peri-care and hand hygiene were observed. Gloves and wipes were observed. Two meals were observed. A test tray was observed. Water temperatures were observed. Odors were observed. Staff were observed for appropriate interactions with residents.

The clinical records of three identified residents were reviewed. Three other residents' records were reviewed for Quality of Care concerns. The facility's Grievance file was reviewed, as well as its Incident and Accident reports. The facility's abuse policy and allegation reports were reviewed, as well as its employee files, water temperature logs, and call light logs.

Several residents, CNAs and nurses were interviewed regarding various Quality of Life and Quality of Care issues. The Maintenance Manger, Housekeeping Manager, Business Office Coordinator and Dietary Manager were also interviewed, as well as the Director of Nursing and Administrator regarding various issues.

The complaint allegations, findings and conclusions are as follows:

Complaint #ID00007384

ALLEGATION #1:

The Reporting Party said residents' incontinent briefs were not being changed.

FINDINGS:

Several residents with incontinent briefs were observed and their briefs were not saturated with incontinent urine.

The medical records of four residents with incontinence were reviewed and no concerns were identified.

Several residents said they had no concerns with their incontinent briefs being overly wet or soiled. Several CNAs and nurses said residents' briefs were changed in a timely manner.

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

CONCLUSION:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #2:

The facility call light system does not work.

FINDINGS:

Call lights were observed throughout the survey and tested in many resident rooms with the Maintenance Manager; no issues were identified.

Call light logs were reviewed and no concerns were identified. Grievances did not indicate an issue with call lights.

Several residents said their call lights were answered without incidents. Several CNAs and nurses said call lights functioned without issues, and the Maintenance Manger said there were no issues with the call light system.

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

CONCLUSION:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #3:

An identified resident was force-fed by an identified staff member and identified staff members yelled abusively at another identified resident.

FINDINGS:

An identified resident and one other resident were observed for two meals and no force-feeding concerns were identified. Staff were observed interacting with another identified resident and all other residents in the facility; no concerns were identified.

The clinical records of two identified residents were reviewed for abuse and no concerns were identified. Four other residents' records were reviewed for abuse and no concerns were identified. The facility's Grievance file was reviewed and no concerns were identified. The facility's abuse allegation reports were reviewed and no concerns were identified. The facility's abuse policy was reviewed and no concerns were identified. The identified employees' files were reviewed and no abuse concerns were identified.

The identified resident was interviewed regarding staff yelling at him/her and he/she said the incident never happened. Several residents said staff were not abusive to them or to others. Several CNAs, nurses and housekeeping staff said residents were not force-fed or yelled at and they knew how to report suspicions of abuse. The Director of Nursing and Administrator said abuse cases were handled appropriately.

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

CONCLUSION:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #4:

Residents were not receiving appropriate peri-care due to lack of wipes and gloves and staff were having to wash out used wipes to re-use them again. Staff were also not washing their hands after performing peri-care.

FINDINGS:

All resident rooms were observed with boxes of disposable gloves. The central supply room had multiple boxes of varying sized gloves and multiple boxes of wipes. Several residents' peri-care was observed and no issues with peri-care or hand hygiene were identified.

Four residents' clinical records were reviewed for incontinence care and no issues were identified.

Several residents said they had no concerns with incontinence care. Several CNAs and nurses said gloves and wipes were available and it was not a concern. The Business Office Coordinator said the facility orders plenty of gloves and wipes on a regular schedule to meet the needs of residents.

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

CONCLUSION:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #5:

Water temperatures were either too hot or too cold.

FINDINGS #5:

Water temperatures were tested and were within acceptable standards.

The facility's water temperature logs were reviewed and no concerns were identified.

The Maintenance Manager said he closely monitored water temperatures.

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

Joan Martellucci, Administrator
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CONCLUSION:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #6:

The facility smelled of urine.

FINDINGS:

No lingering odors were identified during survey.

The facility's Grievance file was reviewed and no concerns of foul odors were identified.

The Housekeeping Manager said the facility was cleaned daily and any temporary odors are investigated to determine their origin and elimination.

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

CONCLUSION:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #7:

The facility food was unpalatable.

FINDINGS:

A test tray was sampled and no concerns were identified.

The facility's Grievance file was reviewed and no food concerns were identified.

Several residents said they had no concerns with the food. The Dietary Manager said he used resident surveys to find out what the residents wanted on the menus.

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

Joan Martellucci, Administrator
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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 style with a large initial "D" and a smaller "Scott" following it.

David Scott, R.N., Supervisor
Long Term Care

DS/lj