



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
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

November 1, 2016

Randal Barnes, Administrator
Valley View Nursing & Rehabilitation
1140 North Allumbaugh Street,
Boise, ID 83704-8700

Provider #: 135098

Dear Mr. Barnes:

On October 28, 2016, an on-site revisit of your facility was conducted to verify correction of deficiencies noted during the survey of August 12, 2016. Valley View Nursing & Rehabilitation was found to be in substantial compliance with federal health care requirements regulations as of September 26, 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,

for David Scott

DAVID SCOTT, RN, Supervisor
Long Term Care

DS/pmt



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

January 6, 2017

Randal Barnes, Administrator
Valley View Nursing & Rehabilitation
1140 North Allumbaugh Street
Boise, ID 83704-8700

Provider #: 135098

Dear Mr. Barnes:

On **October 28, 2016**, an unannounced on-site complaint survey was conducted at Valley View Nursing & Rehabilitation. The complaint was investigated in conjunction with the facility's recertification on-site follow-up survey conducted from October 27, 2016 to October 28, 2016.

The complaint allegations, findings and conclusions are as follows:

Complaint #ID00007376

ALLEGATION #1:

The Reporting Party said an identified resident received a high dose of insulin despite not being a diabetic.

FINDINGS:

Medication Pass was observed.

The clinical record of the identified resident and three other residents' records were reviewed. The facility's Incident and Accident reports, Medication Error investigations, and Grievance file from August to October 2016 were reviewed. The facility's Allegation of Abuse reports from August to October 2016 were also reviewed.

Randal Barnes, Administrator
January 6, 2017
Page 2 of 2

Several residents, nurses, and Director of Nursing was interviewed regarding medication administration.

Medication pass was observed and no concerns were identified.

The identified resident's clinical record and medication error investigation for the identified resident did not reveal any concerns. Three other residents' records also failed to reveal any concerns regarding medication administration.

Several residents said they had no concerns regarding their medications and the Director of Nursing said a medication error investigation was conducted and the facility could not determine that the identified resident was given insulin.

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, R.N., Supervisor
Long Term Care

DS/lj