



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  
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PHONE: (208) 334-6626  
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December 28, 2016

Darwin Royeca, Administrator  
Oak Creek Rehabilitation Center of Kimberly  
500 Polk Street East  
Kimberly, ID 83341-1618

Provider #: 135084

Dear Mr. Royeca:

On December 16, 2016, an on-site revisit of your facility was conducted to verify correction of deficiencies noted during the survey of September 23, 2016. Oak Creek Rehabilitation Center of Kimberly was found to be in substantial compliance with federal health care requirements regulations as of **November 1, 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,

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

DS/lj



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March 17, 2017

Darwin Royeca, Administrator  
Oak Creek Rehabilitation Center of Kimberly  
500 Polk Street East  
Kimberly, ID 83341-1618

Provider #: 135084

Dear Mr. Royeca:

On **December 16, 2016**, an unannounced on-site complaint survey was conducted at Oak Creek Rehabilitation Center of Kimberly. The complaint allegations or entity-reported incidents, findings and conclusions are as follows:

**Complaint #ID00007388**

**ALLEGATION #1:**

The Reporting Party said an identified resident was discharged to another facility without appropriate notification to an Interested Party.

**FINDINGS :**

The complaint was investigated in conjunction with the facility's on-site recertification follow-up survey conducted December 15, 2016 through December 16, 2016.

The clinical record of the identified resident and four other residents' records were reviewed for resident rights concerns. The facility's Grievance file from September through December 2016 were reviewed.

Darwin Royeca, Administrator  
March 17, 2017  
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The former Resident Service Director and the Director of Nursing were interviewed regarding discharge planning.

The identified resident was no longer residing in the facility at the time the complaint was investigated.

Similar allegations were investigated during the most recent recertification and state licensure survey conducted September 19, 2016 through September 23, 2016 and the facility was cited at F157 and F250. See the recertification survey results regarding these deficient practices.

**CONCLUSIONS:**

Substantiated. No deficiencies related to the allegation are cited.

One of the allegations was substantiated, but not cited. Therefore, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

If you have questions, comments or concerns regarding our investigation, please contact David Scott, R.N. or Nina Sanderson, L.S.W., Supervisors, Long Term Care at (208) 334-6626, option 2. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

A handwritten signature in blue 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



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March 17, 2017

Darwin Royeca, Administrator  
Oak Creek Rehabilitation Center of Kimberly  
500 Polk Street East,  
Kimberly, ID 83341-1618

Provider #: 135084

Dear Mr. Royeca:

On **December 16, 2016**, an unannounced on-site complaint survey was conducted at Oak Creek Rehabilitation Center of Kimberly. The complaint was investigated in conjunction with the facility's on-site recertification follow-up survey conducted December 15, 2016 through December 16, 2016.

Several residents were observed throughout the survey for incontinent care, pressure ulcer prevention and interactions with staff and other residents. Staff were observed throughout the survey providing various care to residents.

The clinical records of eight identified residents and three other residents' records were reviewed for quality of life, quality of care and resident rights concerns. The facility's Grievance file, the facility's Incident and Accident reports, the facility's Alleged Abuse reports, and Resident Council minutes from October through December 2016 were reviewed. The facility's actual working nursing schedule for a specified time period was reviewed.

Several residents and several staff members were interviewed regarding quality of life, quality of care and resident rights concerns. The Wound Nurse was interviewed regarding quality of care concerns. The Director of Nursing was interviewed regarding quality of life, quality of care and resident rights concerns. The Administrator was interviewed regarding abuse protocol. The complaint allegations, findings and conclusions are as follows:

**Complaint #ID00007404**

**ALLEGATION #1:**

The Reporting Party said several identified residents were left soiled in their incontinent briefs for long periods of time.

**FINDINGS:**

Several of the identified residents no longer resided in the facility at the time the complaint was investigated.

During the survey, residents were observed having their incontinent needs addressed in a timely manner by staff.

The Resident Council minutes and Grievance file did not document a concern with incontinent care. The three identified residents' clinical records and three other residents' records also did not document a concern regarding incontinent care.

Several residents, staff, Director of Nursing, and Wound Nurse said staff provided adequate incontinent care in a timely manner.

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

**CONCLUSIONS:**

Unsubstantiated. Lack of sufficient evidence.

**ALLEGATION #2:**

There were not enough staff scheduled on an identified day.

**FINDINGS:**

Adequate staffing to meet resident needs was observed throughout the survey.

The clinical records of 11 residents were reviewed for quality of life, quality of care and resident rights concerns with no staffing issues identified. The facility's Grievance file and Resident Council minutes for October through December 2016 were reviewed and no staffing concerns were identified. The facility's actual working nursing schedule for the identified dates and times were reviewed and no concerns were identified.

Darwin Royeca, Administrator  
March 17, 2017  
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Several residents and staff members said there were enough staff to meet the residents' needs, and the Director of Nursing said the facility was adequately staffed.

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

#### CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

#### ALLEGATION #3:

An identified resident had been punished by facility staff for "inappropriate behaviors."

#### FINDINGS:

Several residents and staff were observed throughout the survey for appropriate interaction and potential abuse with no concerns identified.

The clinical record of the identified resident and ten other residents' records were reviewed and no abuse concerns were identified. The facility's Grievance file, Resident Council minutes and the facility's Alleged Abuse reports from October through December 2016 were reviewed and no abuse concerns were identified.

Several residents said staff treated them well and they felt safe. Several staff members said they had no knowledge of the alleged incident and they knew how to identify and report incidents of alleged abuse. The Director of Nursing and the Administrator said allegations of abuse were taken seriously.

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

#### CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

#### ALLEGATION #4:

Several identified residents were not provided with appropriate positioning to prevent pressure ulcers from developing.

**FINDINGS:**

Similar allegations were investigated during the most recent recertification and state licensure survey conducted from September 19, 2016 through September 23, 2016 and the facility was cited at F314. See the recertification survey results regarding these deficient practices.

**CONCLUSIONS:**

Substantiated. No deficiencies related to the allegation are cited.

**ALLEGATION #5:**

An identified resident's incontinent brief was too tight, which resulted in a large skin tear.

**FINDINGS:**

During the survey, several residents were observed with appropriately fitted incontinent briefs, and several staff were observed adequately securing residents' incontinent briefs.

The Resident Council minutes and Grievance file from October through December 2016 did not document a concern with ill-fitting incontinent briefs and the identified resident's clinical record, and three other residents' records, did not document a concern regarding brief fittings.

Several residents, nursing staff, the Director of Nursing and the Wound Nurse all said staff provided adequate care.

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

**CONCLUSIONS:**

Unsubstantiated. Lack of sufficient evidence.

**ALLEGATION #6:**

Facility staff did not follow physician orders or care plans regarding an identified resident's one-on-one care needs.

**FINDINGS #6:**

Several residents were observed throughout the survey for one-on-one care needs and no concerns were identified.

Darwin Royeca, Administrator  
March 17, 2017  
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The clinical record of the identified resident and two other residents' records were reviewed for one-on-one care needs and no concerns were identified.

Several staff members said they followed the care plan for residents who required one-on-one assistance.

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

**CONCLUSIONS:**

Unsubstantiated. Allegation did not occur.

One of the allegations was substantiated, but not cited. Therefore, 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