



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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RICHARD M. ARMSTRONG – Director

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P.O. Box 83720  
Boise, Idaho 83720-0009  
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February 24, 2017

James Burt, Administrator  
Grangeville Health & Rehabilitation Center  
410 East North Second Street  
Grangeville, ID 83530-2258

Provider #: 135080

Dear Mr. Burt:

On **February 9, 2017**, a survey was conducted at Grangeville Health & Rehabilitation Center by the Idaho Department of Health and Welfare, Division of Licensing and Certification, Bureau of Facility Standards to determine if your facility was in compliance with state licensure and federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was not in substantial compliance with Medicare and/or Medicaid program participation requirements. **This survey found the most serious deficiency to be an isolated deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy, as documented on the enclosed CMS-2567, whereby significant corrections are required.**

Enclosed is a Statement of Deficiencies and Plan of Correction, Form CMS-2567 listing Medicare and/or Medicaid deficiencies. If applicable, a similar State Form will be provided listing licensure health deficiencies. In the spaces provided on the right side of each sheet, answer each deficiency and state the date when each will be completed. **NOTE:** The alleged compliance date must be after the "Date Survey Completed" (located in field X3) and on or before the "Opportunity to Correct." **Please provide ONLY ONE completion date for each federal and state tag (if applicable) in column (X5) Completion Date** to signify when you allege that each tag will be back in compliance. Waiver renewals may be requested on the Plan of Correction.

After each deficiency has been answered and dated, the administrator should sign the Form CMS-2567 and State Form (if applicable), Statement of Deficiencies and Plan of Correction in the spaces provided and return the original(s) to this office.

Your Plan of Correction (PoC) for the deficiencies must be submitted by **March 6, 2017**. Failure to submit an acceptable PoC by **March 6, 2017**, may result in the imposition of penalties by **March 31, 2017**.

The components of a Plan of Correction as required by CMS must:

- Address what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- Address how you will identify other residents who have the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- Address what measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur;
- Indicate how the facility plans to monitor performance to ensure the corrective action(s) are effective and compliance is sustained; and
- Include dates when corrective action will be completed in column (X5).

If the facility has not been given an opportunity to correct, the facility must determine the date compliance will be achieved. If CMS has issued a letter giving notice of intent to implement a denial of payment for new Medicare/Medicaid admissions, consider the effective date of the remedy when determining your target date for achieving compliance.

- The administrator must sign and date the first page of the federal survey report, Form CMS-2567 and the state licensure survey report, State Form (if applicable).

All references to federal regulatory requirements contained in this letter are found in *Title 42, Code of Federal Regulations*.

Remedies will be recommended for imposition by the Centers for Medicare and Medicaid Services (CMS) if your facility has failed to achieve substantial compliance by **March 16, 2017 (Opportunity to Correct)**. Informal dispute resolution of the cited deficiencies will not delay the imposition of the enforcement actions recommended (or revised, as appropriate) on **May 10, 2017**. A change in the seriousness of the deficiencies on **March 26, 2017**, may result in a change

in the remedy.

The remedy, which will be recommended if substantial compliance has not been achieved by **May 10, 2017** includes the following:

Denial of payment for new admissions effective **May 10, 2017**. [42 CFR §488.417(a)]

If you do not achieve substantial compliance within three (3) months after the last day of the survey identifying non-compliance, the CMS Regional Office and/or State Medicaid Agency must deny payments for new admissions.

We must recommend to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on **August 8, 2017**, if substantial compliance is not achieved by that time.

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, CMS will provide you with a separate formal notification of that determination.**

If you believe these deficiencies have been corrected, you may contact David Scott, R.N. or Nina Sanderson, L.S.W., Supervisors, Long Term Care, Bureau of Facility Standards, 3232 Elder Street, Post Office Box 83720, Boise, Idaho, 83720-0009; phone number: (208) 334-6626, option 2; fax number: (208) 364-1888, with your written credible allegation of compliance. If you choose and so indicate, the PoC may constitute your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, neither the CMS Regional Office nor the State Medicaid Agency will impose the previously recommended remedy, if appropriate.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed by the CMS Regional Office or the State Medicaid Agency beginning on **May 10, 2017** and continue until substantial compliance is achieved. Additionally, the CMS Regional Office or State Medicaid Agency may impose a revised remedy(ies), based on changes in the seriousness of the non-compliance at the time of the revisit, if appropriate.

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2001-10. Informational Letter #2001-10 can also be found on the Internet at:

James Burt, Administrator  
February 24, 2017  
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<http://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateFederalPrograms/NursingFacilities/tabid/434/Default.aspx>

go to the middle of the page to **Information Letters** section and click on **State** and select the following:

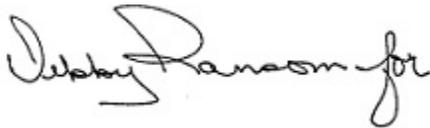
- BFS Letters (06/30/11)

[2001-10 Long Term Care Informal Dispute Resolution Process](#)  
[2001-10 IDR Request Form](#)

This request must be received by **March 6, 2017**. If your request for informal dispute resolution is received after **March 6, 2017**, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during the survey. 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,

A handwritten signature in black ink that reads "David Scott for". The signature is written in a cursive style.

David Scott, RN, Supervisor  
Long Term Care

ds/dr  
Enclosures

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

PRINTED: 03/15/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/09/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRANGEVILLE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 EAST NORTH SECOND STREET GRANGEVILLE, ID 83530</b>		
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F 000	INITIAL COMMENTS  The following deficiency was cited during a complaint investigation survey completed at the facility on February 8, 2017.  The surveyors conducting the survey were:  Teresa Kobza, RDN, LD, Team Coordinator Candy Shugars, RN  Abbreviations include:  am - morning BM - bowel movement CNA - Certified Nursing Assistant CNS - Central Nervous System FYI - For Your Information GDR - Gradual Dose Reduction H & P - History and Physical HTN - Hypertension IDT - Interdisciplinary Team LSW - Licensed Social Worker MAR - Medication Administration Record mg - milligram pm - Evening PRN - As Needed RN - Registered Nurse Q15 - Every 15 minutes SNF - Skilled Nursing Facility TID - Three Times a Day	F 000			
F 329 SS=D	483.45(d) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  (d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used--	F 329		3/10/17	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/02/2017

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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F 329	<p>Continued From page 1</p> <p>(1) In excessive dose (including duplicate drug therapy); or</p> <p>(2) For excessive duration; or</p> <p>(3) Without adequate monitoring; or</p> <p>(4) Without adequate indications for its use; or</p> <p>(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure residents' psychoactive medications had adequate indications for use and GDR's were attempted in the facility. This was true for 1 of 4 (#1) sampled residents. These failures created the potential for harm if residents received excessive or unnecessary medications. Findings include:</p> <p>The manufacturer's recommendation for the benzodiazepine, Ativan, documented the medication is useful for the short-term relief of excessive anxiety. It is also useful as an adjunct for the relief of excessive anxiety that might be present prior to surgical interventions. The recommendations documented extreme care must be used in administering Ativan to the elderly, because of the possibility that cardiac arrest may occur. The elderly have been found to be prone to CNS depression, sedation, fatigue,</p>	F 329	<p>This plan of Correction is submitted as required under Federal and State regulations and statutes applicable to skilled nursing facilities. This plan of correction does not constitute an admission of liability, and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyor's conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied.</p> <p>Please accept this plan of correction as our credible allegation of compliance</p> <p>F-329</p> <p>Resident Specific:</p>		

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F 329	<p>Continued From page 2</p> <p>and other symptoms after taking low doses of Ativan. In the elderly, the manufacturer's recommend, "the initial daily dose should not exceed 0.5 mg and should be very carefully and gradually adjusted, depending upon tolerance and response." In addition, it documented "benzodiazepines should be prescribed for short periods only (e.g., 2-4 weeks). Continuous long-term use of Ativan is not recommended."</p> <p>Resident #1 was admitted to the facility on 11/17/15, with diagnoses which included dementia, post-concussion syndrome (years ago), anxiety, HTN, hypercholesterolemia [high cholesterol levels in the blood] and major depression. Subsequently, Resident #1 was admitted to the hospital on 1/24/17 related to a UTI, and re-admitted to the facility on 1/30/17.</p> <p>Resident #1's 11/1/16 Quarterly MDS assessment, documented she had no behaviors, no cognitive impairments (BIMS score of 13), and minimal signs of depression. This was the most recent MDS assessment in Resident #1's record as of 2/9/17.</p> <p>Resident #1's 11/6/15 physician's H&amp;P, completed prior to her admission, documented she had dementia and some senile anxiety which was treated with PRN Ativan.</p> <p>Resident #1's Admission order, dated 11/17/15, included Ativan 0.5 mg by mouth, every 8 hours PRN, related to anxiety.</p> <p>Resident #1's April 2016 MAR documented target behaviors for the Ativan including:</p>	F 329	<p>The facility has called Resident #1's physician about the current dose of Ativan, MD wrote a note that documented the resident specific target behaviors for which the Ativan was prescribed. The facility has requested to Resident #1's physician to attempt a GDR in the facility. The facility has also contacted the residents court appointed guardian, and asked them to accept a GDR for the Ativan. The GDR will begin 3/10/17. Staff have been in-serviced to document details of specific behaviors when they occur.</p> <p>Other Residents:</p> <p>All residents have resident specific target behaviors documented. All residents with anxiolytics have been reviewed to make sure that GDRs are attempted, unless clinically contraindicated, and that there is proper documentation of the indications for the medications use.</p> <p>Systemic Changes:</p> <p>DON or designee review all new anxiolytic orders to ensure resident specific target behaviors have been documented, GDRs are attempted, unless clinically contraindicated, and that there is proper documentation of the indications for the medications use.</p> <p>Monitors:</p>		

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F 329	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>* Pats at the table</li> <li>* Speech gets faster</li> <li>* Paces</li> <li>* Gets rigid in her movements</li> <li>* Gets antsy</li> <li>* Combative with family</li> </ul> <p>Interventions on the April 2016 MAR included:</p> <ul style="list-style-type: none"> <li>* Toileting/Check her ostomy bag</li> <li>* Offer her food and fluids</li> <li>* Redirect</li> <li>* Music or Activity</li> <li>* Offer to go for a walk</li> <li>- Nap</li> <li>- 1:1</li> <li>- Ativan PRN</li> <li>- Pain Medications</li> <li>- Re-approach</li> <li>- Other</li> </ul> <p>Resident #1's Social Services Note, dated 4/25/16 at 11:26 am, documented she had been going into other residents rooms and eating their snacks. The LSW called the family to discuss the situation. The LSW documented the family asked that the staff role-play with Resident #1 in the morning to remind her not to go into other residents' rooms. In addition, the note documented the LSW discussed the potential that an alternative placement may be needed for Resident #1 if her behaviors did not stop.</p> <p>A 6/1/16 Fax Report to the Physician, from the LSW, documented the family requested that Resident #1 be placed on a small routine dose of Ativan in the morning to set the mood and tone for the day. In addition, the fax documented</p>	F 329	<p>Administrator or designee will review all anxiolytic medications to ensure resident specific target behaviors have been documented, GDRs have been offered to the physician and that there is proper documentation of the indications for the medications use weekly times four and monthly times five. Administrator or designee will report findings at the QAPI meeting and will make changes to the above plan of correction as needed.</p> <p>Date of Compliance  03/10/2017</p>		

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F 329	<p>Continued From page 4</p> <p>Resident #1 became somewhat hyperactive due to the stimuli in the SNF.</p> <p>Resident #1's Physician order, dated 6/2/16, documented Ativan 0.5 mg by mouth TID, related to dementia with behavioral disturbances.</p> <p>Resident #1's MD Note, dated 6/21/16, documented Resident #1 intermittently had significant anxiety and the medications being used to treat the problem were Zoloft 100 mg daily and Ativan 0.5 mg TID every 8 hours. The MD did not document the resident-specific target behaviors for which the Ativan was prescribed.</p> <p>Resident #1's MD Notes, dated 10/11/16, 11/8/16, and 1/10/17, did not include resident-specific target behavior for the use of Ativan.</p> <p>Resident #1's June 2016 MAR was updated on 6/16/16 to include the following additional target behaviors for the use of Ativan:</p> <ul style="list-style-type: none"> <li>* Yelling at staff</li> <li>* Not easily consoled in her anger</li> </ul> <p>Resident #1's July 2016 MAR was updated on 6/30/16 to include the following additional target behaviors for the use of Ativan:</p> <ul style="list-style-type: none"> <li>* Rude or mean to other residents or staff</li> <li>* Physically aggressive towards staff</li> <li>* Socially inappropriate behavior (yelling out loud for no reason)</li> </ul> <p>A physician order, dated 6/16/16, documented the order for PRN Ativan was discontinued. The</p>	F 329			

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F 329	<p>Continued From page 5</p> <p>use of PRN Ativan as an intervention was removed from the July 2016 MAR.</p> <p>A Consultant Pharmacist Communication to the Physician, dated 7/31/16, included a recommendation for a GDR of the Ativan.</p> <p>The Physician responded on 8/9/16, documenting no changes would be made to the Ativan because, "The resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility." Resident #1's clinical record did not include documentation that a GDR of Ativan had been attempted in the facility.</p> <p>Resident #1's Consultant Pharmacist Communication to the Physician, dated 11/17/16, recommended trialing a GDR of the Ativan.</p> <p>The Physician responded on 12/13/16 and the documented response was no changes with a reason of, "An attempted GDR is likely to result in impairment of function or increased distressed behavior." Resident #1's clinical record did not contain documentation that a GDR of the Ativan had been attempted in the facility.</p> <p>Resident #1's 2/1/17 through 2/8/17 MAR was updated on 1/31/17 to include the following additional target behaviors for Ativan:</p> <ul style="list-style-type: none"> <li>* Negative Remarks</li> <li>* Slapping herself in the head</li> </ul> <p>The facility monitored and documented "behaviors" on the MAR, on Behavior Monitoring Sheets completed by the CNA's, and in progress</p>	F 329			

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F 329	<p>Continued From page 6</p> <p>notes. These 3 sources included the following documentation:</p> <p>a. Progress Notes documented the following:</p> <p>* Resident #1's Progress Notes on 6/5/16, 7/29/16, 9/13/16, 10/4/16, 10/26/16, 11/21/16, and 12/30/16 documented Resident #1 exhibited a "behavior" or was agitated. Resident #1's MARs did not include documentation the behaviors occurred. For example:</p> <ul style="list-style-type: none"> <li>- Resident #1's Activity Note, dated 7/29/16 at 12:53 pm, documented Resident #1 was asked to leave during Bingo, depending on how she yelled at the caller. The note documented Resident #1 liked to stay busy and was very competitive and yelled at the caller if she did not win.</li> <li>- Resident #1's Activity Note, dated 10/4/16 at 3:11 pm, documented Resident #1 was asked to leave an activity. The note documented she was making loud inappropriate comments and was not easily redirected.</li> </ul> <p>* Resident #1's Nurses' Note, dated 2/1/17 at 6:46 am, documented she was agitated at the beginning of the shift and was tossing and turning. The RN gave Resident #1 her routine dose of Ativan and her agitation decreased and she slept well the rest of the shift.</p> <p>Resident #1's progress notes did not describe the events leading up to Resident #1's behaviors, detailed descriptions of the behaviors, her responses to each of the non-pharmacological interventions attempted, and how, or if, the behaviors negatively affected her or other</p>	F 329			

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F 329	Continued From page 7 residents.  b. CNA Behavior Monitoring Sheets documented the following:  * June 2016 CNA Behavior Monitoring Sheet: - Going into other Residents rooms and eating their snacks - 6 episodes on various days. - Physical Aggression towards staff - 1 episode on 6/23/16, threw her shoes at an aide - Smearing her BM all over - 6 episodes on various days. - Socially inappropriate behaviors (yelling out loud) - 9 episode on 4 days and multiple episodes per day  * July 2016 CNA Behavior Monitoring Sheet: - Going into other Residents rooms and eating their snacks - 3 episodes - Smearing her BM all over - 3 episodes  * August 2016 CNA Behavior Monitoring Sheet: - Smearing her BM all over - 4 episodes  * September 2016 CNA Behavior Monitoring Sheet: - Smearing her BM all over - 3 episodes  * October 2016 CNA Behavior Monitoring Sheet: 0 episodes  * November 2016 CNA Behavior Monitoring Sheet: - Smearing her BM all over - 1 episode  * December 2016 CNA Behavior Monitoring Sheets: 0 episodes	F 329			

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NAME OF PROVIDER OR SUPPLIER  <b>GRANGEVILLE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 EAST NORTH SECOND STREET GRANGEVILLE, ID 83530</b>		
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F 329	<p>Continued From page 8</p> <p>* January 2017 CNA Behavior Monitoring Sheet: 0 episodes</p> <p>The February 2017 Behavior Monitoring Sheet was requested, however, was not provided prior to surveyors leaving the facility.</p> <p>c. MARs documented the following:</p> <p>* June 2016 MAR - 0 episodes of the target behaviors</p> <p>*The July 2016 MAR - 0 episodes of target behaviors</p> <p>*August 2016 MAR - 1 episodes of a target behavior on 8/21/16. The MAR documented the total frequency of target behaviors per shift. The specific target behavior was not identified. Based on the documentation it could not be determined which behavior Resident #1 exhibited. Subsequent nurse's notes did not document the behavior.</p> <p>* The September 2016 through January 24, 2017 MAR, documented 0 episodes of Resident #1's target behaviors.</p> <p>* Resident #1's 2/1/17 through 2/8/17 MAR documented 1 episode of a target behavior on 2/1/17. Based on the documentation it could not be determined which "behavior" Resident #1 engaged in.</p> <p>Resident #1's physician was on vacation and unavailable for interview at the time of the survey.</p> <p>On 2/9/17 at 12:00 pm, the LSW stated Resident</p>	F 329			

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/09/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRANGEVILLE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 EAST NORTH SECOND STREET GRANGEVILLE, ID 83530</b>		
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F 329	<p>Continued From page 9</p> <p>#1's physician started her on Ativan TID for seven days in April to calm her down and reduce her movement because she had toe surgery. She stated Resident #1 had used minimal Ativan when the order was PRN [prior to 6/2/16] and she had only asked the physician about ordering a routine dose because the family requested it. She stated the facility had not attempted a GDR for the routine dose of Ativan. She did not know the reason the physician's response to the pharmacist documented a GDR had been attempted previously and failed. She stated the physician decided the medication dosage and she did not question it.</p> <p>On 2/9/17 at 2:15 pm, the LSW stated she did not talk to the Medical Director about attempting a GDR for Resident #1's Ativan.</p> <p>The facility failed to ensure resident-specific target behaviors were identified, that the type and frequency of Resident #1's behaviors demonstrated the continued need for Ativan at the current dose and frequency, and that a GDR was attempted in the facility.</p>	F 329			



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR  
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May 18, 2017

James Burt, Administrator  
Grangeville Health & Rehabilitation Center  
410 East North Second Street,  
Grangeville, ID 83530-2258

Provider #: 135080

Dear Mr. Burt:

On **February 9, 2017**, an unannounced on-site complaint survey was conducted at Grangeville Health & Rehabilitation Center. The Complaint was investigated during a Complaint Investigation Survey conducted February 9, 2017.

Immediately after entering the facility, the survey team conducted a general tour of residents' rooms and common areas. Throughout the survey, four individual residents and all residents in general were observed for quality of care, signs of distress, dementia care, and quality of life issues. In addition, facility staff were observed as they provided care, interacted with residents, and responded to residents' needs and requests.

Interviews were conducted with multiple individual residents. Several direct care staff, including nurses and nursing aides, were also interviewed as well as the Social Worker and Administrator. The interviews included questions about staff training in dementia care, staffing at nights, quality of life and quality of care issues.

The complaint allegations, findings and conclusions are as follows:

**Complaint #ID00007354**

**ALLEGATION #1:**

The facility did not provide dementia care training to staff or how to manage residents with catastrophic reactions.

James Burt, Administrator  
May 18, 2017  
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#### FINDINGS:

Based on interviews with residents and family members, as well as record reviews, there were no concerns with dementia care training.

The facility provided In-Service sign-in sheets for training on dementia care from September 7, 2016, October 7, 2016, December 7, 2016 and February 7, 2017. The facility provided documentation of the training new hires received upon entry to the facility, which complied with federal requirements, and evidence that staff members had signed the acknowledgement of the training received.

Interviews were conducted with nurses and aides and there were no concerns with dementia care training. Based on interviews and document reviews, the allegation could not be substantiated.

#### CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

#### ALLEGATION #2:

The facility staffed only two nursing aides during night shifts and this did not meet residents' needs.

#### FINDINGS:

Staff observations began on night shift at 4:30 am. Upon entry to the facility, five staff members were present to assist residents with their needs. Four individual residents and all other residents were observed using call lights throughout the survey.

Residents interviewed did not voice concerns that call lights were not answered in a timely manner at night asor that the facility did not have as sufficient number of staff at night to take care of their needs.

Observations were conducted and call light response times were timely.

The clinical records of residents documented cares were being provided.

A staffing task was completed for the week of August 7, 2016 through August 13, 2016, January 29, 2017 through February 4, 2017, and February 5, 2017 through February 9, 2017; documentation located for August 2016 illustrating two nursing aides were present during an identified shift. However, in January and February 2017 a minimum of three nursing aides worked each shift.

James Burt, Administrator  
May 18, 2017  
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Based on observation, interview, and record review, the allegation was substantiated but not cited due to the facility correcting the issue.

**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.

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