



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
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April 20, 2017

Mark Teckmeyer, Administrator
Bingham Memorial Skilled Nursing & Rehabilitation
98 Poplar Street
Blackfoot, ID 83221-1758

Provider #: 135007

Dear Mr. Teckmeyer:

On **April 11, 2017**, we conducted an on-site revisit to verify that your facility had achieved and maintained compliance. We presumed, based on your allegation of compliance, that your facility was in substantial compliance as of **March 24, 2017**. However, based on our on-site revisit we found that your facility is not in substantial compliance with the following participation requirements:

- **F0226 -- Develop/implment Abuse/neglect, Etc Policies**

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.) **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 **May 1, 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.
- 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*.

As noted in the Bureau of Facility Standards' letter of **February 15, 2017**, following the survey of **January 19, 2017**, we have already made the recommendation to the Centers for Medicare and Medicaid Services (CMS) for Denial of Payment for New Admissions and termination of the provider agreement on **July 19, 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, it will provide you with a separate formal notification of that determination.

If you believe the 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, 0009; phone number: (208) 334-6626, option 2; fax number: (208) 364-1888, with your written credible allegation of compliance. If you choose and

Mark Teckmeyer, Administrator
April 20, 2017
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so indicate, the PoC may constitute your allegation of compliance. In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You may also contest scope and severity assessments for deficiencies, which resulted in a finding of SQC or immediate jeopardy. 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:

<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 **May 1, 2017**. If your request for informal dispute resolution is received after **May 1, 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,



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

DS/lj
Enclosures

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

PRINTED: 06/29/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135007	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/11/2017
NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL SKILLED NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221		
(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}	INITIAL COMMENTS The following deficiency was cited during a follow up to a complaint investigation survey conducted at the facility on April 11, 2017. The surveyors conducting the survey were: Teresa Kobza, RDN, LD, Team Coordinator Marci Clare, RN 483.12(b)(1)-(3), 483.95(c)(1)-(3) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES 483.12 (b) The facility must develop and implement written policies and procedures that: (1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, (2) Establish policies and procedures to investigate any such allegations, and (3) Include training as required at paragraph §483.95, 483.95 (c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on- (c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.	{F 000}		5/19/17	

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

TITLE

(X6) DATE

Electronically Signed

05/01/2017

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 226	<p>Continued From page 1</p> <p>(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property</p> <p>(c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of facility abuse policy, and review of contracted agency abuse education, it was determined the facility failed to ensure a) 4 of 15 staff members (Housekeeper's #1-4) received appropriate training on abuse protocol in a language they could understand and retain the education they did receive; and b) the facility trained contract staff to the updated Abuse, Neglect, and Misappropriation of Property policy. This failure to ensure staff understood the training received in abuse prevention, identification, response, and reporting, placed residents at risk for possible abuse. Findings Included:</p> <p>The facility's Abuse, Neglect, and Misappropriation of Property policy, implemented 3/24/17, documented, all new and present employees would receive ongoing in-servicing, training and reinforcement that would identify all aspects of abuse prohibition. The policy identified the Administrator as the abuse coordinator.</p> <p>a. On 4/11/17 at 10:20 am, Housekeeper #1 stated she was not sure what abuse was. She stated if she witnessed someone slapping or yelling at a resident she would tell her boss when asked. She stated she would talk with the resident about the abuse however did not articulate she would try to protect the resident. In</p>	F 226	<p>F226</p> <p>www.MDtranslation.com Translation + Interpretation + Training helping you make the language and cultural connection with your audience</p> <p>Has been contacted by the NHA so as to have training materials available for our mostly Latino speaking and reading ABM/Housekeeping staff. These materials are expected to be completed no later than May 2, 2017.</p> <p>Then, the NHA will work in collaboration with the ABM/Housekeeping-Laundry manager and TD Therapy Leadership where we will establish training dates & times to get our H/L staff and TD Therapist Abuse, Neglect, Misappropriation compliant.</p> <p>*CORRECTIVE ACTION FOR POTENTIAL RESIDENTS THAT MAY BE AFFECTED BY THIS DEFICIENT PRACTICE: All residents have the potential to be affected by this deficient practice.</p>		

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F 226	<p>Continued From page 2</p> <p>addition, she stated the last time she remembered getting education was 2 years ago.</p> <p>On 4/11/17 at 10:45 am, Housekeeper #2 stated she would tell her supervisor if she saw someone yelling at or hitting a resident. She stated if she saw the Administrator yelling at a resident she would tell him to stop however she was unsure what to do with the resident.</p> <p>On 4/11/17 at 11:15 am, Housekeeper #3 stated she was not allowed to interfere if she saw someone yelling or hitting a resident. She stated she would get a Certified Nursing Assistant because it was not within her scope to interfere. If she saw the administrator yelling at or hitting a resident she stated, she would tell the administrator if he wanted her respect he needed to show respect to the residents. She stated she would tell the Director of Nursing about the issue; however, she was unsure what to do with the resident.</p> <p>On 4/11/17 at 12:50 pm, Housekeeper #4 stated if she saw a resident struck by a staff member she would take the resident to the emergency room and would tell her supervisor. In addition, she stated if she saw two residents striking one another, she would find a nurse. She was unsure what to do with the resident.</p> <p>b. On 4/11/17 at 2:00 pm, training logs were reviewed for nursing staff, therapy, and housekeeping. The nursing staff received recent education during the end of March 2017, on the new policy and procedure for Abuse, Neglect, and Misappropriation of Property.</p>	F 226	<p>Formal staff training of our ABM contracted and TD Therapy staff will commence shortly.</p> <p>*MEASURES (FACILITY SYSTEMS) THAT WILL BE PUT IN PLACE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: In-Service will be held on the following topics: " Abuse, Neglect, Misappropriation Policy #1225 newly minted in Mexican/Espa;ola will be delivered and be a part of our ABM Housekeeping/Laundry contracted staffing. " Post Test, also newly translated into Mexican/Espa;ola will be a part of the above upcoming training. " A passing score of 80% will be required on this test to show adequate competency for this tag. " Training for our Contracted staff will occur as needed when new staff are hired by ABM and/or TD Therapy. Training will occur on a quarterly basis going forward.</p> <p>*MONITORING A: WHO NHA and/or Designee will be charged with training and monitoring of any Abuse, Neglect, and Misappropriation accusations for the SNRC.</p> <p>Housekeeping/Laundry contracted staff proof of training & test scores will be kept on file. NHA/Designee will periodically</p>		

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F 226	<p>Continued From page 3</p> <p>The Housekeeper Training Log included the dates the Housekeepers last completed their abuse prohibition training. The log documented:</p> <ul style="list-style-type: none"> * Housekeeper #1 received training on 10/17/16. * Housekeeper #2 received training on 10/25/16. * Housekeeper #3 received training on 10/20/16. * Housekeeper #4 received training on 10/20/16. <p>The Log documented Housekeepers #'s 1-4 and 21 other individuals did not receive training on the updated Abuse policy and procedure.</p> <p>The therapy training log documented one therapy staff member had not completed his training on abuse prohibition and was seen in the building, on 4/11/17, working with residents. Therapy Tech #1 answered questions appropriately on what to do with abuse and neglect.</p> <p>On 4/11/17 at 4:05 pm, the Contract Housekeeping Supervisor stated, the skilled nursing facility usually scheduled 3 housekeepers with the current census. On 4/11/17, Housekeeper # 1, Housekeeper #2, and Housekeeper #3 were working. She stated if someone called in sick she had a relief person she would call in. The Supervisor stated the housekeepers used an on-line Health Stream training for abuse training. She said the housekeepers had to obtain an 80% or better on their Abuse Training post-test or they had to keep re-taking it until they passed. In addition, she stated the hospital had an interpreter for individuals who needed assistance.</p> <p>On 4/11/17 at 4:32 pm, the Administrator stated, the nursing staff did their own general orientation</p>	F 226	<p>audit contracted staff compliance by drilling them regarding the facility Abuse Policy & Procedure giving them scenarios to assure training was effective. Re-training will occur for any staff not showing a satisfactory response.</p> <p>B: FREQUENCY NHA/Designee will monitor daily for the presence of Abuse, Neglect, Misappropriation of Property. Any issue noted will be immediately addressed.</p> <p>In addition, NHA/Designee will ask a sample of Housekeeping & Laundry contracted staff weekly for one month. Then, monthly for the following 2 months. This will occur once training is completed which is scheduled for May 9th & May 12th. Audit trail will be kept in our survey binder.</p> <p>C: STARTE DATE APRIL 12, 2017</p> <p>*DATE WHEN CORRECTIVE ACTION IS COMPLETED MAY 19, 2017</p>		

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F 226	<p>Continued From page 4</p> <p>which included abuse training. He said therapists, and housekeeping did theirs through Health Stream on-line. In addition, he stated some staff members may start working with residents before the completion of all their Health Stream trainings to include abuse training; however, he stated these employees had background checks completed.</p> <p>On 4/11/17 at 4:37 pm, the Human Resources Director stated, the abuse training in Health Stream was not available in Spanish, however, an interpreter was available any time. She stated in the past, the facility had provided classroom training with the interpreter for people who did not understand the English language.</p> <p>The facility failed to ensure contract staff employees received training on the new policy for abuse and neglect prevention, and that contract employees understood the training received to be able to protect residents from possible abuse.</p>	F 226		