



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR
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BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
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May 23, 2017

Monte Jones, Administrator
Rexburg Care & Rehabilitation Center
660 South Second Street West
Rexburg, ID 83440-2300

Provider #: 135105

Dear Mr. Jones:

On **May 19, 2017**, a survey was conducted at Rexburg Care & 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 one that comprises a pattern 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.

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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 **June 2, 2017**. Failure to submit an acceptable PoC by **June 2, 2017**, may result in the imposition of penalties by **June 27, 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 **June 23, 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 **August 17, 2017**. A change in the seriousness of the deficiencies on **July 3, 2017**, may result in a change in the remedy.

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The remedy, which will be recommended if substantial compliance has not been achieved by **August 17, 2017** includes the following:

Denial of payment for new admissions effective **August 17, 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 **November 15, 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 **August 17, 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:

<http://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateFederalPrograms/NursingFacilities/tabid/434/Default.aspx>

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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 **June 2, 2017**. If your request for informal dispute resolution is received after **June 2, 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 "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
Enclosures

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

PRINTED: 06/15/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/19/2017
NAME OF PROVIDER OR SUPPLIER REXBURG CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 660 SOUTH SECOND STREET WEST REXBURG, ID 83440		
(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 deficiencies were cited during the federal recertification survey conducted at the facility from May 15, 2017 to May 19, 2017. The surveyors conducting the survey were: Brad Perry, LSW, Team Coordinator Edith Cecil, RN Survey Abbreviations: CNA = Certified Nurse Assistant CNE =Center Nurse Executive LN = Licensed Nurse MAR = Medication Administration Record PRN = As Needed	F 000			
F 162 SS=D	483.10(f)(11)(i)-(iii) LIMITATION ON CHARGES TO PERSONAL FUNDS (f)(11) The facility must not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare (except for applicable deductible and coinsurance amounts). The facility may charge the resident for requested services that are more expensive than or in excess of covered services in accordance with §489.32 of this chapter. (This does not affect the prohibition on facility charges for items and services for which Medicaid has paid. See §447.15 of this chapter, which limits participation in the Medicaid program to providers who accept, as payment in full, Medicaid payment plus any deductible, coinsurance, or copayment required by the plan to be paid by the individual.) (i) Services included in Medicare or Medicaid payment. During the course of a covered	F 162		6/9/17	

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

TITLE

(X6) DATE

Electronically Signed

06/02/2017

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 162	<p>Continued From page 1</p> <p>Medicare or Medicaid stay, facilities must not charge a resident for the following categories of items and services:</p> <p>(A) Nursing services as required at §483.35.</p> <p>(B) Food and Nutrition services as required at §483.60.</p> <p>(C) An activities program as required at §483.24(c).</p> <p>(D) Room/bed maintenance services.</p> <p>(E) Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs, hair and nail hygiene services, bathing assistance, and basic personal laundry.</p> <p>(F) Medically-related social services as required at §483.40(d).</p> <p>(G) Hospice services elected by the resident and paid for under the Medicare Hospice Benefit or paid for by Medicaid under a state plan.</p> <p>(ii) Items and services that may be charged to</p>	F 162			

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F 162	<p>Continued From page 2</p> <p>residents' funds. Paragraphs (f)(11)(ii)(A) through (L) of this section are general categories and examples of items and services that the facility may charge to residents' funds if they are requested by a resident, if they are not required to achieve the goals stated in the resident's care plan, if the facility informs the resident that there will be a charge, and if payment is not made by Medicare or Medicaid:</p> <p>(A) Telephone, including a cellular phone.</p> <p>(B) Television/radio, personal computer or other electronic device for personal use.</p> <p>(C) Personal comfort items, including smoking materials, notions and novelties, and confections.</p> <p>(D) Cosmetic and grooming items and services in excess of those for which payment is made under Medicaid or Medicare.</p> <p>(E) Personal clothing.</p> <p>(F) Personal reading matter.</p> <p>(G) Gifts purchased on behalf of a resident.</p> <p>(H) Flowers and plants.</p> <p>(I) Cost to participate in social events and entertainment outside the scope of the activities program, provided under §483.24(c).</p> <p>(J) Non-covered special care services such as privately hired nurses or aides.</p> <p>(K) Private room, except when therapeutically</p>	F 162			

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F 162	<p>Continued From page 3 required (for example, isolation for infection control).</p> <p>(L) Except as provided in (e)(11)(ii)(L)(1) and (2) of this section, specially prepared or alternative food requested instead of the food and meals generally prepared by the facility, as required by §483.60.</p> <p>(1) The facility may not charge for special foods and meals, including medically prescribed dietary supplements, ordered by the resident's physician, physician assistant, nurse practitioner, or clinical nurse specialist, as these are included per §483.60.</p> <p>(2) In accordance with §483.60(c) through (f), when preparing foods and meals, a facility must take into consideration residents' needs and preferences and the overall cultural and religious make-up of the facility's population.</p> <p>(iii) Requests for items and services.</p> <p>(A) The facility can only charge a resident for any non-covered item or service if such item or service is specifically requested by the resident.</p> <p>(B) The facility must not require a resident to request any item or service as a condition of admission or continued stay.</p> <p>(C) The facility must inform, orally and in writing, the resident requesting an item or service for which a charge will be made that there will be a charge for the item or service and what the charge will be.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 162			

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F 162	<p>Continued From page 4</p> <p>by:</p> <p>Based on record review, and resident and staff interview, it was determined the facility failed to ensure 1 of 11 sampled residents (Resident #9) was not charged for a medically prescribed dietary supplement. This deficient practice had the potential to compromise residents' nutritional health if they were unable to obtain the physician ordered nutritional supplement due to cost. Findings include:</p> <p>Resident #9 admitted to the facility on 6/24/16 with multiple diagnoses, which included Parkinson's disease, muscle weakness, unspecified metabolic disorder, and vitamin deficiency.</p> <p>Resident #9's May 2017 Order Summary Report documented orders for Neem Leaf on 7/16/16; Zendocrine 120 mg on 12/25/16; and 2 On Guard Protective Blend on 7/17/16, with an increased dosage ordered on 12/25/16.</p> <p>The Medication Administration Record, (MAR) for March 2017 documented 2 On Guard Protective Blend with 14 doses circled, Neem Leaf with 5 doses circled, and Zendocrine with 24 doses circled.</p> <p>On 5/16/17 at 9:30 am, the Center Nurse Executive (CNE) stated Resident #9 was a Medicaid recipient and the supplements were ordered by a physician. The CNE stated Resident #9 purchased the supplements because they were not included in the facility's formulary.</p> <p>On 5/17/17 at 2:00 pm, Resident #9 stated she</p>	F 162	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Rexburg Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statement, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts and conclusions that form the basis for the deficiency."</p> <p>F162</p> <p>1) Resident #9 was reimbursed for the physician prescribed medications and supplements that the resident purchased on 6-2-17 by the facility. The facility will pay for physician prescribed medications and supplements for resident #9 moving forward.</p> <p>2) A resident audit was performed to identify other residents that had physician prescribed medications and supplements that they were paying for.</p> <p>3) Staff were re-educated by the Administrator or designee on or before June 9th 2017 regarding residents not paying for physician prescribed medications and supplements.</p> <p>4) Beginning the week of June 12th 2017</p>		

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F 162	Continued From page 5 could not order the supplements before her supply was depleted because "I don't have enough money. Two of the supplements each cost \$26.00 a bottle and one of the supplements costs \$20.00 a bottle." The facility's Admission Agreement with Resident #9, signed and dated 6/24/16, documented, "The center may not charge for special foods and meals, including medically prescribed dietary supplements, ordered by your physician." On 5/17/17 at 2:30 pm, the CNE stated there were times Resident #9 did not order the physician-prescribed dietary supplements before her current supply was depleted.	F 162	designee will perform an audit for new admissions and new orders in our clinical meeting for 3 months to ensure this standard is met. Audit results will be reported to the Performance Improvement Committee for a minimum of 3 months or until compliance sustained. 5) The Director of Nursing is responsible for monitoring and compliance.		
F 253 SS=E	483.10(i)(2) HOUSEKEEPING & MAINTENANCE SERVICES (i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; This REQUIREMENT is not met as evidenced by: Based on observation, and resident and staff interview, it was determined the facility failed to ensure resident rooms, bathrooms, and facility flooring was maintained in a clean and sanitary condition. This was true for 1 of 11 residents reviewed for a comfortable and clean homelike environment and 4 of 32 resident rooms observed in the facility. These deficient practices had the potential for those residents in the affected rooms and those traversing the hallways to experience embarrassment and dissatisfaction with the condition of the environment around them. The deficient practice also created the potential for the spread of infection due to an	F 253	F253 1) The facility will have a quote and a purchase order from a flooring vendor to repair and/or replace the faulty flooring within 30 days of the compliance date. The caulking around the base of the toilet in room 229 was replaced and the paint on the entryway wall to the bathroom was repaired. The wall behind the bed in room 225 was repainted. The caulking around the base of the toilet in room 214 was replaced. Resident's #7 bedside table was cleaned.	6/9/17	

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F 253	<p>Continued From page 6 unsanitary environment. Findings include:</p> <p>1. On 5/15/17 at 2:00 pm, the carpet to the entry of rooms 200 through 219 appeared wet, but were dry. The carpet throughout the facility appeared faded, discolored with large and small dark colored stains, and there were multiple locations of worn carpeting with holes and unraveled thread.</p> <p>On 2/15/17 at 2:20 pm, the bathroom in Room 229 was observed with a black substance around the base of the toilet, and with scrapes and missing paint on the entryway wall to the bathroom.</p> <p>On 5/15/17 at 2:30 pm, the wall behind the bed in Room 225 was observed with missing paint.</p> <p>On 5/17/17 at 3:00 pm, three of seven residents attending the Resident Group meeting stated the carpets were dirty and stained.</p> <p>On 5/18/17 at 9:30 am, the Accounts Manager for housekeeping stated the carpet was about 12 years old. She pointed to the discoloration on the carpet leading into Room 201 and stated she tried to get the stain out, but may have only made it worse.</p> <p>On 5/18/17 at 12:00 pm, the Administrator stated previous housekeeping staff used an incorrect product to clean the carpets that stripped away the stain resistant surface coating.</p> <p>On 5/18/17 at 11:00 am, a tour of the facility was completed with the Maintenance Supervisor (MS). When asked about the missing paint and</p>	F 253	<p>2) A facility wide audit was performed on or before June 9th 2017 to look for and repair/clean any caulking that needs replacing, paint touch ups and dirty bedside tables.</p> <p>3) The Housekeeping Manager and the Maintenance Director were educated regarding the standards for floor maintenance, cleaning bedside tables, paint touchups and replacing caulk around sinks and toilets.</p> <p>4) Beginning the week of June 12th 2017 designee will perform a facility audit per week for 4 weeks, and then monthly for 2 months to ensure facility standards are met. Audit results will be reported to the Performance Improvement Committee for a minimum of 3 months or until compliance sustained.</p> <p>5) The Administrator is responsible for monitoring and compliance.</p>		

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F 253	<p>Continued From page 7</p> <p>scraped walls, the MS stated it was a "never-ending job." When asked about the floor and toilet bases, he stated that was a housekeeping concern.</p> <p>On 5/18/17 at 11:50 am, Housekeeping Staff #1 stated he had attempted, but was unsuccessful in his efforts to clean the discoloration from around toilet bases and flooring and had informed the MS of his unsuccessful efforts</p> <p>On 5/18/17 at 12:00 pm, the bathroom in Room 214 was observed with a built-up dark substance around the base of the toilet and extending out approximately one inch on the flooring. A resident residing in the room stated she would like to have the substance removed.</p> <p>2. From 5/15/17 at 4:25 pm to 5/17/17 at 10:22 am, Resident #7's bedside table was observed nine times with multiple caked-on and sticky areas that appeared to have been caused by spilt juice. The areas covered approximately 25 percent of the open available space of the tray table.</p> <p>On 5/17/17 at 10:22 am, Resident #7 said she did not like things in her room to be dirty and liked everything clean.</p> <p>On 5/17/17 at 10:25 am, the housekeeping Account Manager observed the spills, said the tray table was not clean, and stated the tray table should have been wiped clean.</p>	F 253			
F 456 SS=D	483.90(d)(2)(e) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION	F 456		6/9/17	

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F 456	<p>Continued From page 8</p> <p>(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>(e) Resident Rooms Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents. This REQUIREMENT is not met as evidenced by: Based on observation, and resident and staff interview, it was determined the facility failed to maintain a resident's wheelchair brake extender handle in a safe operating condition. This was true for 1 of 10 residents (#1) reviewed for assistive devices and had the potential for harm if the resident sustained a skin tear from the extender handle. Findings included:</p> <p>On 5/15/17 from 4:08 pm to 5/17/17 at 3:15 pm, Resident #1's wheelchair right-side cylinder brake extender handle was observed 12 times without a protective cap over the end of the metal opening.</p> <p>On 5/16/17 at 9:55 am, Resident #1 was in observed in the wheelchair in his room, where he said the protective cap to the brake handle had been missing for several days. He opened his right hand and said it had not been injured yet from gripping the opened metal brake handle.</p> <p>On 5/17/17 at 3:15 pm, the CNE observed Resident #1's brake handle and said the top of the brake extender was missing and the metal opening could cause a skin tear to the resident's hand. The CNE said she would find a replacement protective cap.</p>	F 456	<p>F456</p> <ol style="list-style-type: none"> 1) Resident #1's brake extender was covered by a handle. 2) A facility wide audit was performed to look for non-covered brake extenders and cover them with handles. 3) The facility staff were educated regarding the standards for having covers for brake extenders. 4) Beginning the week of June 12th 2017 designee will perform an audit of 3 wheel chair brake extenders per week for 4 weeks and then monthly for 2 months to ensure facility standards are met. Audit results will be reported to the Performance Improvement Committee for a minimum of 3 months or until compliance sustained. 5) The Director of Nursing is responsible for monitoring and compliance. 		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/19/2017
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