

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

PRINTED: 03/23/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/14/2018
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF LEWISTON			STREET ADDRESS, CITY, STATE, ZIP CODE 325 WARNER DRIVE LEWISTON, ID 83501		
(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	<p>INITIAL COMMENTS</p> <p>A complaint investigation survey was conducted at the facility March 14, 2018 and there were no deficiencies cited resulting from this survey.</p> <p>The surveyors conducting the survey were:</p> <p>Jenny Walker, RN , Team Coordinator Teresa Kobza, RDN, LD</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

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.



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RUSSELL S. BARRON – 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

March 22, 2018

Tiffany Goin, Administrator
Life Care Center of Lewiston
325 Warner Drive
Lewiston, ID 83501-4437

Provider #: 135128

Dear Ms. Goin:

On **March 14, 2018**, an unannounced on-site complaint survey was conducted at Life Care Center Of Lewiston. The complaint allegations, findings and conclusions are as follows:

Complaint #ID00007599

ALLEGATION #1:

Residents do not receive routine showers/baths, sometimes going a week without one.

FINDINGS #1:

Staffs' responses to call lights were observed throughout the survey. Facility staff were observed providing care, showers, interacting with residents, and responding to residents' needs and requests promptly.

The clinical records of four residents were reviewed for quality of care concerns, including the frequency of baths/showers. Concerns regarding the frequency of showers/baths were not identified. The facility's Grievance files from May 2017 to March 2018 were reviewed. Resident Council meeting minutes from May 2017 to March 2018 were reviewed. The facility's Incident

and Accident reports from May 2017 to March 2018 were reviewed. Resident Council minutes were also reviewed. Concerned related to the frequency of baths/showers were not documented.

Several residents were interviewed and did not express concerns related to the frequency of showers/baths. Nurses, CNAs, a Nurse Manager, the Director of Nursing, and the Administrator were interviewed. They stated they made sure residents received showers/baths on their assigned days, and if a resident declined, facility staff offered a shower the next day.

One resident's clinical record documented the resident resided in the facility for approximately one week in 2017. The resident was no longer residing in the facility at the time of the complaint survey. The resident's clinical record documented the resident was offered a shower during her stay. The record documented the resident declined the offer.

Based on the above information it was determined the allegation could not be substantiated.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #2:

Staff do not respond to residents' call lights.

FINDINGS #2:

Staffs' responses to residents' call lights were observed throughout the survey and no concerns were identified.

The clinical records of four residents were reviewed. The records did not include documentation of concerns related to call lights. Resident Council minutes were reviewed and no concerns regarding call lights were found in the minutes.

The facility's Grievance files were reviewed and no concerns regarding call lights were identified.

Several residents were interviewed and no concerns were expressed regarding call lights. Several CNAs, nurses, and a Nurse Manager were interviewed. They said they made sure residents' call lights were answered promptly.

Based on the above information, it was determined the allegation could not be substantiated.

Tiffany Goin, Administrator
March 22, 2018
Page 3 of 3

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #3:

Night shift staff sit at the nurses' station and make fun of residents at the facility.

FINDINGS #3:

Facility staff were observed interacting with several residents throughout the survey and did so appropriately.

The facility's grievance file and Resident Council minutes from May 2017 to March 2018 were reviewed and no identified concerns with staff making fun of residents were identified.

Four resident's were interviewed regarding staff interaction and voiced no concerns.

Several CNAs, nurses, and a Nurse Manager was interviewed regarding staff interacting with residents and no concerns were identified. The Director of Nursing and the Administrator were interviewed regarding staff interacting with residents and no concerns were identified. Based on the investigative findings, 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,



Debra Ransom, R.N., R.H.I.T., Chief
Bureau of Facility Standards

DR/lj

Tiffany Goin, Administrator
March 22, 2018
Page 4 of 3