

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

PRINTED: 08/13/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/08/2018
NAME OF PROVIDER OR SUPPLIER MEADOW VIEW NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 46 NORTH MIDLAND BOULEVARD NAMPA, ID 83651		
(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>On August 8, 2018, an off-site follow-up survey of the facility was conducted to verify correction of deficiencies noted at the survey of May 18, 2018. Meadow View Nursing and Rehabilitation was found to be in substantial compliance with federal health care regulations as of June 22, 2018.</p> <p>The surveyor conducting the follow-up was Loretta Todd, R.N.</p>	{F 000}			

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

TITLE

(X6) DATE

Electronically Signed

08/13/2018

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.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MDS001480	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MEADOW VIEW NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 46 NORTH MIDLAND BOULEVARD NAMPA, ID 83651
---	--

(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) COMPLETE DATE
{C 000}	<p>INITIAL COMMENTS</p> <p>On August 8, 2018, an off-site follow-up survey of the facility was conducted to verify correction of deficiencies noted at the survey of May 18, 2018. Meadow View Nursing and Rehabilitation was found to be in substantial compliance with Statel health care regulations as of June 22, 2018.</p> <p>The surveyor conducting the follow-up was Loretta Todd, R.N.</p>	{C 000}		

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/13/18
--	-------	------------------------------



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – 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

January 10, 2019

Chase Gunderson, Administrator
Meadow View Nursing and Rehabilitation
46 North Midland Boulevard
Nampa, ID 83651

Provider #: 135076

Dear Mr. Gunderson:

On **May 18, 2018**, an unannounced on-site complaint survey was conducted at Meadow View Nursing and Rehabilitation. The complaint was investigated in conjunction with the facility's annual Federal Recertification and Complaint Investigation survey conducted on May 14, 2018 to May 18, 2018.

The following observations were conducted:

- Immediately upon entering the facility, the survey team conducted a tour of residents' room and common areas;
- Eighteen residents were observed for quality of care and accommodation of needs.

The following documents were reviewed:

- The entire medical record of the identified resident;
- The Grievance file;
- The identified resident's hospital record and ENT record.

The following interviews were conducted:

- Eighteen residents were interviewed at a group interview regarding quality of care issues;
- Four individual residents were interviewed regarding quality of care issues;
- Two of identified resident's family members (#1 & 2) were interviewed regarding quality of care issues;
- Two CNAs (Certified Nursing Assistants) and three LNs (Licensed Nurses) were interviewed regarding quality of care issues.

The complaint allegations, findings and conclusions are as follows:

Complaint ID00007727

ALLEGATION #1:

Resident was taken to an Ear Nose and Throat (ENT) clinic on January 11, 2018 due to cellulitis on her left ear. The ENT clinic personnel was told the cellulitis had been present for two days by the facility staff. The ENT clinic practitioner stated the stage of cellulitis had been present for longer period of time, and it was draining pus.

FINDINGS #1:

The identified resident's clinical record, documented the resident's left ear was observed swollen with new onset of drainage on January 9, 2018. The Nurse Practitioner who was at the facility at that time examined and diagnosed the resident as having cellulitis on her left ear, and prescribed an antibiotic.

The facility's wound care physician had seen the identified resident in the morning on January 11, 2018 and ordered an ENT consult for the resident as soon as possible. The identified resident was seen by ENT assistant physician in the afternoon on January 11, 2018.

The identified resident's family member #2 said he and family member #1 were notified of the resident's ear infection. He also said he and family number #1 were in the facility every day and had not noticed the swelling of the resident's ear or the discharge.

Based on the investigative findings, the allegation could not be substantiated.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #2:

Resident smelled "strongly of urine and was dirty with unkempt hair." Resident went back to the ENT clinic for follow-up on January 16, 2018 and was again dirty and smelled strongly of urine.

FINDINGS #2:

Observations were made of 5 residents who had incontinence issues including the identified resident. Eighteen residents were interviewed during the resident council meeting and no concerns were expressed with their care, and four individual residents were interviewed and said their needs were being met and had no concern at all.

An identified resident's family member #1 said he accompanied the resident to her ENT appointments. He said he did not remember the resident as having a smell of urine or being dirty during both appointments. The identified resident's family member #2 said he and family member #1 were always in the facility and they do not have concern with the quality of care the resident receiving from the facility,

There was no strong odor of urine noted in the facility or from the residents throughout the survey.

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

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #3:

On January 16, 2018, the identified resident was brought back to the ENT clinic for follow-up. The nurse practitioner noticed the identified resident had facial droop on her left side and was unable to close her left eye. Staff were not aware of a change of condition, possible stroke. Potential for competent nursing staff, delay of treatment.

FINDINGS #3:

The identified resident had a history of stroke with left sided weakness and left sided paralysis.

The resident's clinical record, documented she was seen by the nurse practitioner on January 15, 2018 and noted resident's facial droop as typical of her.

Chase Gunderson, Administrator
January 10, 2019
Page 4 of 4

The hospital record documented, the identified resident had Ramsay Hunt Syndrome (auricular herpes zoster- viral infection of ear) which may have explained why the resident was not improving despite antibiotic therapy, and her Bells Palsy (facial weakness) fits more with the identified resident's ear infection.

Based on review of records, 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.

If you have any questions, comments or concerns regarding this matter, please contact Laura Thompson, RN, or Belinda Day, RN, Supervisors, Long Term Care Program at (208) 334-6626, Option #2.

Sincerely,

A handwritten signature in cursive script that reads "Belinda Day".

Belinda Day, RN, Supervisor
Long Term Care Program

BD/lj