

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

PRINTED: 01/10/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135138	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/31/2018
NAME OF PROVIDER OR SUPPLIER TETON POST ACUTE CARE & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 3111 CHANNING WAY IDAHO FALLS, ID 83404		
(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>From October 30, 2018 through October 31, 2018 a complaint and on-site follow-up survey was conducted. Teton Post Acute Care & Rehabilitation was found to be in substantial compliance with federal health care regulations.</p> <p>Surveyors conducting the survey were: Brad Perry, LSW, Team Coordinator Jenny Walker, RN</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

11/12/2018

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.

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{F 000}	<p>INITIAL COMMENTS</p> <p>From October 30, 2018 through October 31, 2018, an onsite revisit survey was conducted to verify correction of deficiencies noted during the complaint survey of September 14, 2018, Teton Post Acute Care & Rehabilitation was found to be in substantial compliance with federal health care regulations as of October 8, 2018.</p> <p>The surveyors conducting the survey were: Brad Perry, LSW, Team Coordinator Jenny Walker, RN</p>	{F 000}			

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

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IDAHO DEPARTMENT OF
HEALTH & WELFARE

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DAVE JEPPESEN – Director

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April 12, 2019

Casey Kemmerer, Administrator
Teton Post Acute Care & Rehabilitation
3111 Channing Way
Idaho Falls, ID 83404-7534

Provider #: 135138

Dear Mr. Kemmerer:

On **October 30, 2018** through **October 31, 2018**, an unannounced on-site complaint survey was conducted at Teton Post Acute Care & Rehabilitation. The complaint allegations, findings and conclusions are as follows:

Complaint #ID00007936

ALLEGATION #1:

Staff did not follow infection control guidelines.

FINDINGS #1:

Staff were observed providing personal care to residents and cross contamination protocols with linen. No concerns were identified.

Residents were interviewed and no concerns were identified regarding cross contamination with personal cares and linen. Residents stated the housekeepers came in their rooms daily to clean their floors.

Casey Kemmerer, Administrator
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CNAs and nurses were interviewed and stated while providing personal care to residents they would wear gloves, remove the gloves after the task, and then wash their hands prior to touching anything. They stated they would not place pillows or clean linens on the floor. They stated the facility provides infection control inservices for hand washing and cross contamination monthly.

The housekeeper and housekeeper supervisor were interviewed and stated the residents floors in their rooms and hallways are cleaned every day and as needed.

The allegation could not be substantiated due to the lack of evidence the facility did not follow infection control protocols and did not clean the floors.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #2:

A resident did not receive siderails to identify the edge of the bed.

FINDINGS #2:

Three residents were observed using their siderails to assist them to reposition in bed.

Residents' clinical records were reviewed for siderail assessments. No concerns were identified.

One record did not include a siderail assessment for the use of the siderails.

Four residents were interviewed and stated if they wanted siderails the facility had to do an assessment to assure the use of the siderails was not used for a restraint.

CNAs, nurses, and managers were interviewed and stated if the resident requested to have siderails the nurse manager had to do an assessment to assure the siderails were not a restraint.

The Administrator and the Maintenance Supervisor stated a resident requested to have a wider bed and they exchanged the regular bed for a wider bed without siderails for the resident.

The allegation could not be substantiated due to lack of evidence the facility did not provide siderails to residents.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #3:

Residents call lights were not answered timely.

FINDINGS #3:

During the survey, call lights were observed being answered by the facility's staff and no concerns were identified.

Resident Council Meeting minutes were reviewed and no concerns regarding call lights were identified. The facility's grievance files were reviewed and no concerns regarding call lights were identified.

Five residents were interviewed and no concerns were identified regarding call lights. CNAs, Nurses, and Nurse Managers were interviewed and they stated they made sure resident's call lights were answered promptly.

The allegation could not be substantiated due to the lack of evidence the residents call lights were not being answered timely.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

Allegation #4:

The facility did not notify the resident's family representative for changes of condition.

FINDINGS #4:

During the investigation resident records were reviewed.

One resident's record documented the resident needed to be transported to the emergency department for evaluation. The record also documented the resident's representative was notified and was able to meet the resident at the emergency department.

The allegation could not be substantiated due to lack of evidence the resident's family representative was not notified of changes of condition.

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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 black ink, appearing to read "Laura Thompson".

Laura Thompson, RN, Supervisor
Long Term Care Program

LT/lj