

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/09/2019
NAME OF PROVIDER OR SUPPLIER WEISER OF CASCADIA			STREET ADDRESS, CITY, STATE, ZIP CODE 331 EAST PARK STREET WEISER, ID 83672		
(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 on January 9, 2019, there were no deficiencies cited resulting from this survey.</p> <p>The surveyors conducting the survey were:</p> <p>Edith Cecil, RN Cecilia Stockdill, RN</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

02/01/2019

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

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

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June 20, 2019

Mark Dudley, Administrator
Weiser of Cascadia
331 East Park Street,
Weiser, ID 83672-2053

Provider #: 135010

Dear Mr. Dudley:

On **January 9, 2019**, an unannounced on-site complaint survey was conducted at Weiser of Cascadia. The complaint allegations, findings and conclusions are as follows:

Complaint #ID00007975

ALLEGATION #1:

The facility does not treat residents with dignity and respect, including when providing medications as requested.

FINDINGS #1:

An unannounced onsite complaint survey was conducted on 1/9/19. During the investigation, residents were observed and interviewed for quality of care concerns. Facility grievances were also reviewed. Four resident records were reviewed for pain management and medication pass by nurses was observed.

Four residents stated the nursing staff treated them with dignity and respect. One resident stated everyone treats him good. He stated one nurse refused to provide him with the pain medication that he requested. The resident's record documented he received the pain medications per

physician orders.

CONCLUSIONS:

Based on investigative findings, the allegation was not substantiated.

ALLEGATION #2

The facility does not assist residents with hygiene and personal cares.

FINDINGS #2

Residents were observed for their appearance, hygiene, and personal care assistance by staff. Call light response times were monitored for 4 residents and the records of 4 residents were reviewed. Residents and staff were also interviewed.

Four residents and two Certified Nurse Aides were interviewed. There were no concerns regarding hygiene issues or catheter care expressed during the interviews. One resident had an indwelling urinary catheter. Concerns regarding the resident's catheter care were not identified. The resident stated if he needed help, he asked and the staff helped him. He stated he gets 2 showers each week, however, he will refuse to have a shower if he is sick. The resident stated he did not need much help. The resident records documented appropriate care and treatment to meet resident needs.

CONCLUSIONS:

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

ALLEGATION #3:

The facility does not notify the responsible party of changes in a resident's health status.

FINDINGS #3

The record of 4 residents currently residing in the facility were reviewed for changes in health status and staff were interviewed.

Progress notes dated from 10/1/18 to 1/9/19 were reviewed for each of the residents with no concerns noted. The progress notes included documentation of communication with family members regarding changes in each resident's status.

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Interviews were conducted with 2 staff. One staff stated family notifications are completed promptly, and the communication was documented in the resident's progress notes.

CONCLUSIONS:

Based on the investigation, the allegation could not be substantiated.

ALLEGATION #4:

Meal trays are left at the resident's bedside and available for consumption for hours.

FINDINGS #4:

Observations of meal service to resident rooms was conducted, resident records were reviewed, and residents were interviewed regarding meal service in their rooms.

Resident rooms were observed following the breakfast and lunch meals. There were no meal trays observed in resident rooms 2 hours post service of a meal.

One resident was reviewed as his care plan documented he ate his breakfast and dinner in his room and had lunch in the facility dining room. The resident's record documented an allergy to lactose. The care plan directed staff to limit lactose in his diet. The nutrition care plan documented the resident was lactose intolerant but frequently requested dairy products and was not willing to give them up after being educated.

One resident stated the meal trays are gone in one hour if he does not eat it. He stated meal trays are never left in his room for more than 2 hours.

CONCLUSIONS:

Based on investigative findings 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,

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Option #2.

Sincerely,

A handwritten signature in black ink, appearing to read "Laura Thompson". The signature is written in a cursive style and is positioned above the printed name.

LAURA THOMPSON, RN, Supervisor
Long Term Care Program

LT/slj