

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

PRINTED: 04/13/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2020
NAME OF PROVIDER OR SUPPLIER OAK CREEK REHABILITATION CENTER OF KIMBERLY			STREET ADDRESS, CITY, STATE, ZIP CODE 500 POLK STREET EAST KIMBERLY, ID 83341		
(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 survey was conducted at the facility from 1/21/20 to 1/22/20. No deficiencies were cited as a result of the survey.</p> <p>Surveyors conducting the survey were:</p> <p>Jim Troutfetter, M.Ed., QIDP, Team Lead Lonnie Edmonds, RN</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

02/03/2020

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

TAMARA PRISOCK—ADMINISTRATOR
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April 10, 2020

Anita Burdick, Administrator
Oak Creek Rehabilitation Center of Kimberly
500 Polk Street East
Kimberly, ID 83341-1618

Provider #: 135084

Dear Ms. Burdick:

On **January 21, 2020** through **January 22, 2020**, an unannounced on-site complaint survey was conducted at Oak Creek Rehabilitation Center of Kimberly. During the investigation, observations, staff interviews, and record reviews were conducted. Resident interviews were also conducted and Resident Council meeting minutes were reviewed. The complaint allegations, findings and conclusions are as follows:

Complaint #ID00008230

ALLEGATION #1:

Residents have skin breakdown from not receiving cares.

FINDINGS #1:

Observations were conducted during peri cares and records were reviewed.

Seven residents were observed receiving peri care. All 7 residents were observed to receive appropriate care and had no signs of skin break down. One resident was observed to have a rash from resolving shingles.

Skin assessments for 7 residents were reviewed with no documentation of skin integrity concerns.

Additionally, the facility's matrix was reviewed and documented no residents had pressure ulcers.

Based on the investigative findings. the allegaion could not be substantiated.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #2:

Residents are not provided with prompt medical care.

FINDINGS #2:

Staff were interviewed, medical records were reviewed, and Resident Council meeting minutes were reviewed.

The medical records of 7 residents, which included 1 closed record, were reviewed with the following results:

The closed record documented a resident had fallen and hit her head resulting in a hematoma with a small laceration above the left eye brow, a skin tear to the left arm, and an abrasion on the left cheek.

Her record documented nursing took her vital signs, started neurological checks for a baseline and activated emergency medical services with the resident being transported to the hospital.

Another record documented a resident felt a "pop" in her back while in a Hoyer lift on 8/19/19. Her record documented she was assessed by a registered nurse and was able to move her upper extremities with full range of motion and there were no red areas, swelling, or bruising.

On 8/21/19, the resident complained of back pain and received a one time order for a narcotic from a Physician's Assistant.

A progress note, dated 8/23/19, documented she had taken a shower with no complaints.

On 8/24/19, the resident complained of pain in her back and was given another one time order for a narcotic from a Nurse Practitioner (NP). The NP also ordered an x-ray.

On 8/26/19, the resident was assessed by the NP and an x-ray was taken. The x-ray showed old compression fractures in the lumbar and thoracic areas but was otherwise unremarkable.

On 8/27/19, the resident was seen by a physician and her gabapentin (medication used to treat nerve pain) was increased.

During an interview on 1/22/20, the Director of Nursing (DON), stated the "pop" was between the resident's shoulder blades and the resident had chronic back pain issues. The DON stated the resident was offered a trip to the pain clinic, but declined.

Resident Council meeting minutes were reviewed from 8/27/19 - 1/7/20 and did not include documentation about concerns related to accessibility of medical care and there were no

concerns with the remaining 5 records.

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

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #3:

Residents are not allowed to visit with other residents of their choice.

FINDINGS #3:

Observations for residents in common areas were conducted throughout the day on 1/21/20 and on the morning shift on 1/22/20. Residents were observed engaging in activities, eating, and socializing. No residents were observed to be prohibited or discouraged from interacting with other residents.

Seven staff members were interviewed. All staff stated they never saw residents being prohibited or discouraged from interacting with residents of their choice or removed from the area against their will.

Behavior Notes were reviewed from 8/2019 - 1/21/20 and included documentation residents were separated during resident to resident altercations.

During one altercation, a resident was redirected from the main dining to the smaller dining area and the aggressor was placed on one on one staffing until calm.

During an interview on 1/21/20, the Administrator stated the resident believed another male resident was her husband and would try to hold his hand and sometimes this was fine with him and other times it was not. The resident's daughter, who was also the Power of Attorney, requested her mother be removed to the smaller dining area if there were altercations.

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

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #4:

Call lights are not answered in a timely manner.

FINDINGS #4:

Eight residents were interviewed regarding call light response times. Two residents stated the

call light response time took too long, 2 residents stated they did not use call lights and 4 residents stated they had no issues with with call light response times.

Resident Grievance/complaint Investigation Report Forms were reviewed from 8/2019 - 1/20/20. One Resident Grievance/complaint Investigation, dated 9/24/19, documented an individual had to wait 30 minutes for assistance and that nursing staff were reinserviced about the expectations of answering call lights.

Resident Council meeting minutes were reviewed from 8/27/19 - 1/7/20 and documented the following:

The Nursing section of the 8/27/19 minutes stated "quicker response time, ...". The Nursing section of the 9/24/19 minutes stated "Call lights still being left on too long, ...". The Nursing section for the October minutes was not provided. The Nursing section of the 11/12/19 minutes stated "Call lights are getting answered quicker and help is getting completed sooner!" The Nursing section of the 12/3/19 minutes stated "Doing better." The Nursing section of the 1/7/20 minutes stated "Doing great !".

Observations for call light response times were conducted throughout the day on 1/21/20 and on the morning shift on 1/22/20. During observations, call lights were observed to be activated a total of 12 times. All call lights were noted to be responded to in 4 minutes or less.

Although call light times had been an issue, it could not be established the call light response times were currently an issue. Therefore, the allegation was unsubstantiated with no deficient practice identified.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #5:

The Facility has offensive odors.

FINDINGS #5:

Environmental observations were conducted at the facility on 1/21/20 from 9:12 A.M. - 4:08 PM and on 1/22/20 from 5:20 - 10:20 AM

During all observations, the facility was noted to be clean and free of offensive odors.

It could not be established that the facility was not clean and had offensive odors. Therefore, due to lack of sufficient evidence, the the allegation was unsubstantiated with no deficient practice identified.

Anita Burdick, Administrator
April 10, 2020
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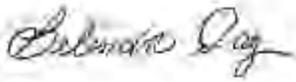
CONCLUSIONS:

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 cursive script, appearing to read "Belinda Day".

Belinda Day, RN, Supervisor
Long Term Care Program

BD/lj