

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:  <b>135143</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/23/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SERENITY HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1134 CHENEY DR WEST</b> <b>TWIN FALLS, ID 83301</b>		
(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><b>INITIAL COMMENTS</b></p> <p>A complaint survey was conducted at the facility from 1/22/20 to 1/23/20. 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 Coordinator 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  
LICENSING & CERTIFICATION  
DEBBY RANSOM, R.N., R.H.I.T – Chief  
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April 8, 2020

Shauna Kraus, Administrator  
Serenity Healthcare  
1134 Cheney Dr. West  
Twin Falls, ID 83301-1202

Provider #: 135143

Dear Ms. Kraus:

On **January 22, 2020** through **January 23, 2020**, an unannounced on-site complaint survey was conducted at Serenity Healthcare. The complaint allegations, findings and conclusions are as follows:

**Complaint #ID00008268**

**ALLEGATION #1:**

Hot food is not served at an appropriate temperature and is often cool.

**FINDINGS #1:**

During the investigation residents and staff were interviewed, and food temperatures were tested.

A total of 21 residents were interviewed about food temperatures. Three of the 21 residents stated the food was sometimes served at an unappetizing temperature, all other residents stated the food was good and was served at an acceptable temperature.

During an interview on 1/23/20, from 12:45 - 12:54 PM, the Certified Dietary Manager stated the facility had purchased a second insulated food cart approximately 6 months ago to reduce the amount of time it took to deliver the food.

Food temperatures were tested on a test tray delivered to a resident's room on 1/22/20 at 1:05 PM. The food had appropriate temperatures for hot food. Temperatures of food on the food preparation line for breakfast on 1/23/20, were tested and the food was at an appropriate temperature. An additional breakfast food tray was also delivered to the facility's conference room on 1/23/20. The food temperatures were also tested and had appropriate temperatures for hot food.

During an interview on 1/23/20, from 1:00 - 1:30 PM, the Administrator stated the facility had purchased an additional food cart as it was taking too long to deliver food. She further stated she had not heard about food temperature issues lately.

It could not be established that residents received food at inappropriate temperatures. Therefore, due to lack of sufficient evidence, the the allegation was unsubstantiated with no deficient practice identified.

#### CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

#### ALLEGATION #2:

Call lights are not answered in a timely manner.

#### FINDINGS #2:

During the investigation, observations were conducted for call light response times, Resident Council meeting minutes were reviewed, and residents and staff were interviewed.

Observations for call light response times were conducted throughout the day on 1/22/20 and on the morning shift on 1/23/20. During observations, call lights were observed to be activated a total of 18 times with no issues noted in response times. Resident Council meeting minutes were reviewed from 7/9/19 - 1/14/20. The Resident Council meeting minutes for 7/9/19 documented "4 of the 8 residents stated that the call lights are not being answered timely enough".

The Resident Council meeting minutes for 8/6/19 documented "Resident stated call lights are taking too long to be answered".

The Resident Council meeting minutes for 9/2019 were not provided.

The Resident Council meeting minutes for 10/8/19, documented "Call lights being answered in a timely fashion. Harder during meals, and depends who is working."

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The Resident Council meeting minutes for 11/12/19 documented "Taking to log (SIC) to answer bathroom lights, waited up to 30 min."

The Resident Council meeting minutes for 12/10/19 documented "One resident stated she has only had one issue with call light taking too long to be answered since last resident council, all other residents stated the call light response time has improved".

The Resident Council meeting minutes for 1/4/20 did not document any concerns with call light response times.

During an interview on 1/23/20, from 1:10 - 1:30 PM, the Administrator stated she was aware of issues with staff responding to call lights. She stated she had recently initiated a Performance Improvement Team and was about to implement a program called "No Pass Zone". This would require all staff (e.g. therapy, dietary, administrative staff, house keeping...) to respond to a call light when they were in the area. She also stated they had added a third medication cart to increase licensed nurse oversight on the wings.

Seven residents were interviewed regarding call lights. One resident stated there were no issues with call light response times and 6 stated there were issues.

While it was determined there had been an issue with timely responses to call lights, the facility implemented corrective actions to resolve the issue. Therefore, the allegation was substantiated with no deficiencies cited.

#### CONCLUSIONS:

Substantiated. No deficiencies related to the allegation are cited.

#### ALLEGATION #3:

The facility does not provide adequate discharge planning.

#### FINDINGS #3:

During the investigation records were reviewed and residents and staff interviews were conducted.

Discharge planning records were reviewed for 4 residents with no concerns noted.

One resident's record contained a discharge progress note, dated 8/22/19, that documented "(Resident) plans to DC (discharge) home after rehab. She currently has her own WC (wheelchair), walker, shower chair and toilet seat riser, however she said the WC does not fit through the doorways".

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Another progress note, dated 9/5/20, stated "Spoke with resident about potentially doing home evaluation with her to see what modification (SIC) were needed when returning home. Resident refused to do home evaluation...". "Educated her on help that she could receive when she returns and she did not consider them".

A discharge progress note, dated 9/17/19, documented "...encouraged her to allow us to assist with proper discharge planning which again she declined."

The final discharge planning note, dated 9/20/19 (the day of discharge), documented, "We again covered all of the options: 1) staying at the facility and paying privately 2) DC (discharge) to ALF (Assisted Living Facility) until she could obtain weight bearing status and use new prosthesis 3) apply for medicaid 4) ask for medical reprieve for some of her debt. (Resident) was not open to any of the options."

During an interview on 1/23/20, at 2:20 PM, the Social Worker stated the resident did not want to apply for Medicaid or pay for an Assisted Living Facility and was picked up at the facility by a private party upon discharge.

Another resident who was about to be discharged, was interviewed, and stated he had been kept informed of the process and knew what to expect.

It could not be established that the facility did not provide, or attempt to provide, adequate discharge planning. Therefore, due to lack of sufficient evidence, the the allegation was unsubstantiated with no deficient practice identified.

#### CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

One of the allegations was substantiated, but not cited. Therefore, 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,



Belinda Day, RN, Supervisor  
Long Term Care Program

BD/lj

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