

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

PRINTED: 04/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/12/2020
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NAME OF PROVIDER OR SUPPLIER WELLSPRING HEALTH & REHABILITATION OF CASCADIA	STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12TH AVENUE ROAD NAMPA, ID 83686
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>On February 11, 2020 to February 12, 2020, a complaint survey of your facility was conducted. No deficiencies were cited as a result of the survey.</p> <p>Surveyors conducting the survey were:</p> <p>Jenny Walker, RN, Team Coordinator Brad Perry, LSW</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/03/2020
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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
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

April 20, 2020

Debbie Mills, Administrator
Wellspring Health & Rehabilitation of Cascadia
2105 12th Avenue Road
Nampa, ID 83686-6312

Provider #: 135094

Dear Ms. Mills:

On **February 11, 2020** through **February 12, 2020**, an unannounced on-site complaint survey was conducted at Wellspring Health & Rehabilitation of Cascadia. The complaint allegations, findings and conclusions are as follows:

Complaint #ID00008331

ALLEGATION #1:

Residents call lights were not answered timely.

FINDINGS #1:

During the survey, observations were conducted, resident records were reviewed, Resident Council minutes and the facility's grievances were reviewed, Incident & Acccident reports were reviewed, and residents and staff were interviewed.

CNAs were observed answering call lights promptly and providing assistance to the residents timely on four hallways.

Resident Council minutes and facility grievances, from December 2019 to February 2020, were reviewed and no concerns were identified regarding call lights not being answered promptly by staff.

During the review of records one resident, admitted December 2019, who was alert and oriented, had documentation in her record which stated she required extensive assistance of two staff members for bed mobility. An incident and accident report documented the staff heard furniture moving in one of the residents rooms. Staff stated the resident was found on the floor and the resident stated she woke up thinking she was in the hospital and rolled out of bed. The report documented the resident did not have her cell phone next to her and the call light was out of reach when she was on the floor. The report documented the resident was seen 15 minutes prior to the incident in bed sleeping with the call light attached to her bedding on her chest. The resident had no injuries noted and neurological assessments were initiated. The Incident & Accident report stated the immediate intervention was to check the call light to ensure it was working. The report documented the call light was not working properly. The Incident & Accident report stated staff changed out the call light and assured it was working properly.

The Maintenance Supervisor stated he conducted monthly call light audits to ensure they were working properly. The Maintenance Supervisor stated the facility had extra call lights for staff to change out for residents if they did not work.

Four CNAs stated they were able to change out a call light if it was not working from the extra call lights available, or take one from an empty room to replace with a good one and then notify the Maintenance Supervisor of the call light change.

Three nurses stated the emergency power outage kit included extra call lights to change out if needed and then would notify the maintenance supervisor regarding the change of call lights or the malfunction of a call light.

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

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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", is positioned above the typed name.

Laura Thompson, RN, Supervisor
Long Term Care Program

LT/lj



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Debbie Mills, Administrator
Wellspring Health & Rehabilitation of Cascadia
2105 12th Avenue Road
Nampa, ID 83686-6312

Provider #: 135094

Dear Ms. Mills:

On **February 11, 2020** through **February 12, 2020**, an unannounced on-site complaint survey was conducted at Wellspring Health & Rehabilitation of Cascadia. The complaint allegations, findings and conclusions are as follows:

Complaint #ID00008336

ALLEGATION #1:

Residents were being discharged involuntarily inappropriately.

FINDINGS#1:

During the investigation staff and residents were observed and interviewed. Four residents records were reviewed for discharge planning and abuse concerns. Facility grievances from October 2019 to February 2020 were also reviewed.

Four residents' records, including a resident who was admitted October 2019, were reviewed for discharge planning and no concerns were identified. A resident who was admitted October 2019, and was still residing in the facility had documentation they had progressed to a point where skilled therapy services were no longer needed and the resident could be discharged when appropriate housing was located. Progress notes from 10/14/19 to 2/11/20, documented eight separate discharge planning notes by the Social Worker. The notes documented the Social Worker and resident were working together to assist the resident to a safe discharge environment.

Debbie Mills, Administrator
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The Director of Nursing (DON) and Unit Manager (UM) said they assisted residents with appropriate discharge planning. The Social Worker said she assisted residents with their discharge planning, which included locating appropriate housing. She said due to the unique housing challenges of a resident admitted October 2019, several other housing options had declined to take the resident, who continued to reside in the facility.

The Social Worker said she and the resident were working together with discharge planning options.

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

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #2:

The facility staff were confiscating residents' personal property.

FINDINGS #2:

During the investigation, facility grievances and investigations were reviewed, and residents were interviewed.

The facility's grievances were reviewed from October 2019 to February 2020 with no concerns identified regarding staff confiscating residents' personal property. The facility's abuse investigations were reviewed for potential misappropriation of residents' personal property and no concerns were identified.

Three residents were interviewed and stated they were not missing personal property. One resident stated the facility asked the resident if the cigarettes found on the ground belonged to them and the resident stated no and the staff member threw them away. The resident stated he was not missing any of his personal property.

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

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #3:

Residents were not receiving meals.

FINDINGS#3:

Debbie Mills, Administrator
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During the survey, resident records were reviewed, facility grievances were reviewed, observations were conducted, and residents were interviewed.

The facility's grievances were reviewed from October 2019 to February 2020 and no concerns were identified regarding residents' not receiving meals.

During the survey, dining rooms and hall trays were observed when residents were receiving meals. Two residents stated they received their meals and had no concerns receiving them in their rooms. Another resident stated they received their meals and had no concerns regarding meals. The resident stated he was a diabetic and received meals and snacks with no problems. The resident stated he attended dialysis three times a week and the facility also supplied a meal for him to take with him.

Four residents' records were reviewed for meal intake and no concerns were identified.

Based on the 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, Option #2.

Sincerely,



Laura Thompson, RN, Supervisor
Long Term Care Program

LT/lj