



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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DAVE JEPPESEN – Director

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February 21, 2020

Tom Murphy, Administrator
Minidoka Home Health
1218 9th Street, Suite 4
Rupert, ID 83350-1527

RE: Minidoka Home Health, CCN #137062

Dear Mr. Murphy:

This is to advise you of the findings of the Emergency Preparedness survey of Minidoka Home Health, which was concluded on February 20, 2020.

Enclosed is your copy of the Statement of Deficiencies/Plan of Correction, Form CMS-2567, which states no deficiencies were identified and the Minidoka Home Health was found in full compliance with the Condition of Participation: Emergency Preparedness.

Thank you for the courtesies extended to us during the survey. If you have any questions, comments or concerns, please contact Dennis Kelly, RN or Nicole Wisenor, Co-Supervisors, Non-Long Term Care at (208) 334-6626, option 4.

Sincerely,

DENNIS KELLY, Supervisor
Non-Long Term Care

DK/nw
Enclosures

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

PRINTED: 02/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2020
NAME OF PROVIDER OR SUPPLIER MINIDOKA HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1218 9TH STREET, SUITE 4 RUPERT, ID 83350		
(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	
E 000	<p>Initial Comments</p> <p>A survey of Emergency Preparedness, was conducted on 2/20/19. Minidoka Home Health is in compliance with 42 CFR 484.102.</p> <p>Molly Lorden, RN, BSN, HFS - Team Lead Weslianne Lewis, RN, BSN, HFS</p>	E 000			

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

TITLE

(X6) DATE

02/06/2020

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.