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

May 13, 2019

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

Provider #: 135084

Dear Ms. Burdick:

Congratulations to both you and your staff on your deficiency-free survey. In today's world with numerous regulations, it is indeed impressive to see a facility functioning as a team at this level.

Continuing to meet the needs of your residents – while recognizing and meeting the administrative needs of your business – is a daily commitment to quality ongoing assessment, care planning and consistent provision of services to each and every client. The greater challenge, of course, is to be able to work as a team to provide this high level of caring and service day after day, week after week, year after year.

Again, **Congratulations** to you and your staff for a job well done, and I challenge you to keep this same high standard in the coming year.

Sincerely,

Debra A Ransom

DEBRA RANSOM, R.N., R.H.I.T.
Bureau Chief

IDAHO DEPARTMENT OF
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DIRK KEMPTHORNE – Governor
KARL B. KURTZ – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
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DR/lj

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	135084		**05/09/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK CREEK REHABILITATION CENTER OF KIMBERLY	**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	INITIAL COMMENTS On May 6, 2019 to May 9, 2019, a recertification and complaint investigation survey of your facility was conducted. Oak Creek Rehabilitation Center was found to be in substantial compliance with 42 CFR Part 483 Requirements for Long Term Care Facilities. The surveyors conducting the survey were: Jenny Walker, RN, Team Leader Robin Tuiskula, RN	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Electronically Signed

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.

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June 12, 2019

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

Provider #: 135084

Dear Ms. Burdick:

On **May 6, 2019** through **May 9, 2019**, an unannounced recertification and complaint complaint survey was conducted at Oak Creek Rehabilitation Center of Kimberly. The complaint allegations, findings and conclusions are as follows:

Complaint #ID00007900

ALLEGATION #1:

The facility failed to properly assess and provide indicated support/assistance for a resident admitted post-hip fracture, which resulted in the resident sustaining another fall and receiving multiple serious fractures.

FINDINGS:

Observations were conducted, interviews were conducted with residents, family members, and staff members, including a resident group interview.

During the interview with the resident group there were no complaints of inadequate staffing or of safety concerns voiced by the residents.

One resident was admitted to the facility from an acute care hospital in 6/2018. She was hospitalized following a fall at home with a left hip fracture. The resident's admission assessment documented she was cognitively impaired, required assistance with all activities of daily living, and used a wheelchair for mobility.

She was assessed for fall risk on admission to the facility and was found to be at a moderate risk for falls. The nurse to nurse report (information from the transferring facility to the accepting facility) did not include information to indicate the resident required 1:1 supervision. The resident's admission orders included an order for "activity as tolerated."

Nursing Notes were reviewed and stated the resident used a wheelchair and received the assistance of one person for ambulation, toileting, and/or transfers. The nursing notes stated the resident was monitored by staff continuously, maintaining line of sight supervision for safety. The documentation by nursing staff stated the resident was non-compliant with the order for "non-weight bearing on the left leg." She was impulsive due to cognitive deficits, and staff intervened when the resident tried to stand or ambulate alone.

A facility fall investigation note stated that between 5:45 AM and 8:50 AM, the time the resident fell, the resident was toileted twice, was given morning medications, was offered breakfast which she refused, and was observed to be sleeping at intervals in her room, prior to being found on the floor at 8:50 AM. There was documentation staff had frequent contact with the resident during cares prior to the fall. There was no call for assistance from the resident prior to being found on the floor.

The resident was evaluated by Physical Therapy, but fell two days later, and was discharged to the hospital. The resident did not return to the facility.

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

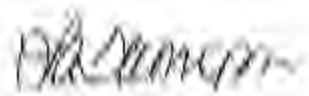
CONCLUSIONS:

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, Option #2.

Sincerely,



Laura Thompson, RN, Supervisor
Long Term Care Program

LT/lj

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June 27, 2019

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

Provider #: 135084

Dear Ms. Burdick:

On **May 6, 2019** through **May 9, 2019**, an unannounced on-site recertification and complaint survey was conducted at Oak Creek Rehabilitation Center of Kimberly. The complaint allegations, findings and conclusions are as follows:

Complaint #ID00007903

ALLEGATION #1:

A resident's oxygen concentrator was not working properly and was not properly maintained.

FINDINGS #1:

During the complaint investigation, observations and resident and staff interviews were conducted. Resident records, facility maintenance logs, resident council minutes and grievances were reviewed.

Five residents were observed with oxygen concentrators and portable oxygen.

The facility's Maintenance/Housekeeping Supervisor and the Administrator were interviewed for maintenance of oxygen concentrators and oxygen portable's. The Maintenance Supervisor stated the oxygen company came to the facility quarterly to clean and provide maintenance on the oxygen concentrators and the oxygen portable's. The facility's logs were reviewed and documented maintenance and cleaning of the oxygen concentrators and oxygen portable's were completed monthly.

Based on the investigative findings the allegation could not be substantiated, and no deficient practice was identified.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #2:

Call lights not being answered by staff in a timely manner.

FINDINGS#2:

Call lights were monitored and staff response times were observed during the survey. Ten residents were interviewed for call light response times. Facility staffing for the weeks of 4/1/19, 4/21/19, and 4/28/19 were reviewed for adequate staffing. The facility's grievances and resident council minutes from November 2018 to May 2019 were reviewed. The facility's staff were interviewed for call light response times.

Ten residents and two family members stated call lights were answered in a timely manner and their needs were met promptly.

CNAs and nurse's stated the call lights were answered timely and the residents' needs were met. The DNS and the Administrator stated they continue to do random audits of response time for call lights and had no concerns.

Based on investigative findings the allegation could not be substantiated.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #3:

Not enough staff, or staff present, during dining to assist residents.

FINDINGS #3:

During the survey observations were conducted, residents were interviewed, and staff were interviewed.

Dining during meal times was observed six times and their was adequate staffing to provide assistance to meet the residents' needs. Ten residents were interviewed regarding staff providing assistance in the dining room and they had no concerns.

The facility's staff were interviewed for providing assistance in the dining room during meal time and stated two staff members were assigned to the dining room for each meal and the manager's assisted each meal as well.

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