

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

PRINTED: 07/10/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135084</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/27/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAK CREEK REHABILITATION CENTER OF KIMBERLY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 POLK STREET EAST KIMBERLY, ID 83341</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	
E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness Survey was conducted by the Centers for Medicare &amp; Medicaid Services (CMS) on May 27, 2020 at Oak Creek Rehabilitation Center of Kimberly. The facility was found to be in compliance with 42 with 42 CFR §483.73 related to E-0024 (b)(6).</p> <p>Total residents: 43</p> <p>US Department of Health and Human Services Centers for Medicare and Medicaid Services Region 10 701 Fifth Avenue, Suite 1600 MailStop RX-400 Seattle, Washington 98104 206-615-2313</p>	E 000			

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

TITLE

(X6) DATE

Electronically Signed

06/03/2020

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.

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F 000	<p><b>INITIAL COMMENTS</b></p> <p>A COVID-19 Focused Infection Control Survey was conducted by the Centers for Medicare &amp; Medicaid Services (CMS) on May 27, 2020 at Oak Creek Rehabilitation Center of Kimberly. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>Total residents: 43</p> <p>US Department of Health and Human Services Centers for Medicare and Medicaid Services Region 10 701 Fifth Avenue, Suite 1600 MailStop RX-400 Seattle, Washington 98104 206-615-2313</p>	F 000			

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