

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

PRINTED: 07/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135123	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/16/2020
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF TREASURE VALLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 502 NORTH KIMBALL PLACE BOISE, ID 83704		
(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>INITIAL COMMENTS</p> <p>A complaint survey was conducted July 16, 2020 at Life Care Center of Treasure Valley. There were no deficiencies cited during the survey as a result of the complaint investigation.</p> <p>The surveyors conducting the survey were:</p> <p>Brad Perry, LSW, Team Leader Presie Billington, RN</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

07/20/2020

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
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

October 1, 2020

Gerald Bosen, Administrator
Life Care Center of Treasure Valley
502 North Kimball Place
Boise, ID 83704-0608

Provider #: 135123

Dear Mr. Bosen:

On **July 16, 2020**, an unannounced on-site complaint survey was conducted at Life Care Center of Treasure Valley. The complaint allegations, findings and conclusions are as follows:

Complaint #ID00008411

ALLEGATION #1:

The facility failed to ensure residents' call lights were answered and their needs were not ignored by staff.

FINDINGS #1:

During the investigation, four residents were observed for staff call light response times and for their needs being met. Resident Council meeting minutes were reviewed, facility grievances were reviewed, facility Incident and Accident (I&A) reports were reviewed, nurse staffing numbers were reviewed, and residents and staff were interviewed.

During observations of four residents, including a resident who was admitted to the facility in July 2019, no concerns were identified regarding call light response times. Call lights were accessible and were answered in a timely manner for all four residents, and staff met the requests and needs of the residents.

Resident Council Meeting minutes and facility I&A reports were reviewed from February 2020 to July 2020, and no concerns were identified regarding call light response times.

Facility staffing was reviewed for February, March, June, and July 2020, and no staffing concerns were identified.

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Grievances were reviewed from January 2020 to July 2020. A grievance, dated 3/13/20, documented a concern for a resident who was admitted to the facility in July 2019. The grievance documented the concern was related to a delay in response to call lights by staff. The facility conducted call light audits for several days. The longest call light response time was 9 minutes, and the shortest response time was 1 minute. The grievance documented the resident had no concerns regarding staff responding to call lights, and the call light response times were satisfactory.

Three residents who were interviewed, including a resident who was admitted to the facility in July 2019, said they had no concerns regarding call light response times and their needs were met. Five Certified Nurse Assistants, one Nursing Assistant, and two Registered Nurses were interviewed, and they said call lights were answered in a timely manner and residents' needs were met.

The Director of Nursing (DON) was also interviewed, and she said call lights were answered in a timely manner and residents' needs were met. The DON said if there were concerns regarding call light response times, facility staff investigated those concerns and conducted call light audits.

Based on the investigative findings, it could not be determined that the facility failed to ensure call lights were answered in a timely manner and residents' needs were met. Therefore, the allegation was unsubstantiated.

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