



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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August 27, 2020

Donald Duffy
Panhandle Health District
8500 N Atlas Road
Hayden, ID 83835-8332

RE: Panhandle Health District, Provider #137002

Dear Mr. Duffy:

On August 6, 2020, a follow-up visit of your facility, Panhandle Health District, was conducted to verify implementation of the facility's immediate jeopardy removal plan, identified at Infection control (42 CFR 484.70(b)(1)(2)) during the focused infection control survey dated July 23, 2020.

We were able to determine that the immediate jeopardy has been removed as stated on the enclosed Statement of Deficiencies/Plan of Correction, Form CMS-2567.

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: 08/27/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/06/2020
NAME OF PROVIDER OR SUPPLIER PANHANDLE HEALTH DISTRICT			STREET ADDRESS, CITY, STATE, ZIP CODE 8500 N ATLAS ROAD HAYDEN, ID 83835		
(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	
{G 000}	<p>INITIAL COMMENTS</p> <p>A focused infection control survey was conducted at your agency from 7/20/20 to 7/23/20. During the survey, Immediate Jeopardy was identified at G684. The agency was notified of the Immediate Jeopardy on 7/23/20 at 5:30 PM and the Immediate Jeopardy was not removed prior to the surveyors' exit on 7/27/20 at 2:00 PM.</p> <p>The facility submitted an Immediate Jeopardy removal plan on 7/31/20. An on-site survey was conducted at the facility from 8/05/2020 to 8/06/20. On-site verification of the plan's implementation was completed and the Immediate Jeopardy was removed on 8/06/20 at 11:32 AM.</p> <p>Surveyors conducting the survey:</p> <p>Molly Lorden RN, BSN - Team Lead Laura Thompson RN, BSN</p>	{G 000}			

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

TITLE

(X6) DATE

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.