

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

PRINTED: 08/16/2019  
FORM APPROVED  
OMB NO. 0938-0391

|  |   |   |   |                      |   |
|--|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>135103</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/14/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PRESTIGE CARE &amp; REHABILITATION - THE ORCHARDS</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1014 BURRELL AVENUE</b><br><b>LEWISTON, ID 83501</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 |   |
| {F 000}  | <p><b>INITIAL COMMENTS</b></p> <p>On August 13, 2019 to August 14, 219, an onsite revisit and complaint survey was conducted to verify correction of deficiencies noted during the survey of May 24, 2019, Prestige Care &amp; Rehabilitation was found to be in substantial compliance with federal health care regulations as of July 10, 2019.</p> <p>The surveyors conducting the survey were:<br/>Brad Perry, LSW, Team Coordinator<br/>Jenny Walker, RN<br/>Presie Billington, RN</p> | {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.



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

BRAD LITTLE – Governor  
DAVE JEPPESEN – Director

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November 5, 2019

Brandi Jeffries, Administrator  
Prestige Care & Rehabilitation - The Orchards  
1014 Burrell Avenue  
Lewiston, ID 83501-5589

Provider #: 135103

Dear Ms. Jeffries:

On **August 13, 2019** through **August 14, 2019**, an unannounced on-site complaint survey and follow up survey was conducted at Prestige Care & Rehabilitation - The Orchards. The complaint allegations, findings and conclusions are as follows:

**Complaint #ID00008160**

**ALLEGATION #1:**

The facility failed to provide adequate amounts of food and serve food at a palatable temperature.

**FINDINGS #1:**

During the investigation, the records of seven residents were reviewed, observations were conducted, residents were interviewed, staff were interviewed, and the facility's Grievance file and Resident Council minutes from May 2019 to August 2019 were also reviewed.

There were no grievances in the Grievance file or concerns in the Resident Council minutes related to inadequate amounts of food being served or food was served cold.

Dining observations were completed on 8/14/19, in the facility's main dining room. Residents were served ham and cheese sandwiches, pickled beets, margarine, and coffee or tea. Residents were observed to receive adequate amounts of food on their plates.

Five residents were interviewed and said they had no concerns with the amount of food they received in the facility. The residents said they requested an alternate food if they did not like the food on the main menu. None of the residents voiced concerns regarding the temperature of the food served in the facility. One resident said the food could be hotter, but it might not be good for the other residents in the facility. Another resident was interviewed, and she said she had no concerns with the food being served in the facility. The resident said the food was warm and sufficient in the amount served, sometimes more than what she needed.

Three surveyors requested a food tray on 8/14/19. The food was tasted for palatability, and the temperature of the food was checked. The tray included a ham and cheese sandwich, a hamburger, and a hot dog. The food was palatable and the temperature was acceptable.

The Dietitian and the Dietary Manager (DM) were interviewed, and they said residents were served adequate amounts of food and they could request another plate of food if they wished. The Dietitian and DM said an alternate meal was always available for the residents. The DM said there had been one or two instances when they had a short supply of certain foods, and if this happened they went to the nearest grocery store.

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

#### CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

#### ALLEGATION #2:

The facility did not have adequate staffing and call lights were not answered in a timely manner.

#### FINDINGS #2:

During the investigation, the records of seven residents were reviewed, observations were conducted, nursing schedules were reviewed, residents and resident family members were interviewed, staff were interviewed, and the facility's Grievance file and Resident Council minutes from May 2019 to August 2019 were also reviewed.

There were no grievances or concerns in the Resident Council minutes related to the facility being short staffed and call lights not being answered in a timely manner.

The three week nursing schedule was reviewed, which documented the working hours for Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants. The three week nursing schedule did not identify concerns with staffing.

Three surveyors observed the call light response time throughout the survey. Call lights were answered within an acceptable time, often within five minutes or less. Staff members were interviewed and said they were able to complete their tasks and meet the residents' needs during their shifts.

Five residents stated they received the care and assistance they needed, and they had no concern with their call lights not being answered in timely manner. One family member was also interviewed and said the call lights were answered in a timely manner. One resident was interviewed and said her call light was answered in acceptable matter of time. The resident said the longest time she waited for her call light to be answered was 15 minutes. The resident also stated the staff assisted her with her needs.

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

#### CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

#### ALLEGATION #3:

The facility failed to provide an appropriate size bed for a resident.

#### FINDINGS #3:

During the investigation, the records of seven residents were reviewed, observations were conducted, residents were interviewed, staff were interviewed, and the facility's Grievance file and Resident Council minutes from May 2019 to August 2019 were also reviewed.

There were no grievances or concerns in the Resident Council minutes related to residents' not having equipment they required or requested for use for comfort.

Three surveyors observed residents and their beds. Residents' beds were observed to be appropriate for the residents' size.

Five residents were interviewed individually, and said they had no concern with the size of their beds.

One resident was observed sitting in her wheelchair in her room. The resident's bed was observed to be of appropriate size for her. The resident said she slept well in her bed but she wanted a bigger bed. The resident said she requested for a bigger bed and was waiting for it to be delivered to her room.

The Licensed Social Worker (LSW) was interviewed and said the resident talked to her and requested a bigger bed about two days ago, and she informed the Interdisciplinary Team (IDT) regarding the resident's request for a bigger bed. The LSW said the IDT approved the resident's request for a bigger bed and the Maintenance Director was asked to put a bigger bed in the resident's room.

The Maintenance Director said he found a bigger bed for the resident and he was going to bring it to the resident's room that afternoon.

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

#### CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

#### ALLEGATION #4:

Residents were not seen by a physician on a regular basis and their conditions were not treated as needed.

#### FINDINGS #4:

During the investigation, the records of seven residents were reviewed, residents were interviewed, a physician was interviewed, and the facility's Grievance file and Resident Council minutes from May 2019 to August 2019 were also reviewed.

There were no grievances in the Grievance file or concerns in the Resident Council minutes related to residents' not being seen or evaluated by their physician.

Five residents were interviewed individually, and none voiced concerns regarding their medications not being administered. The residents said they were being visited by their physicians or by a nurse practitioner.

One resident's discharge record from the hospital, dated 12/10/18, documented she was not on blood pressure medication. The resident's record documented she was visited by the physician on 12/14/18, 3/8/19, and 5/13/19, and by a Nurse Practitioner on 2/4/19. The physician note documented the resident's "hypertension was stable and at goal."

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During a telephone interview, the physician said he was informed by the nurse the resident's blood pressure was higher than normal recently and knowing she was diabetic, the physician said it was time to start the resident with a blood pressure medication.

The resident's record documented she complained of productive cough on 5/27/19 till 6/3/19. The resident's record documented the resident had no fever and no signs and symptoms of shortness of breath. On 5/31/19, the physician ordered Mucinex (expectorant) 400 milligram three times a day as needed for the resident's cough. The resident's record, dated 6/3/19, documented the resident stated she was feeling better and her nasal congestion had decreased.

The resident was interviewed and said she was sick for ten days with cough. The resident said she was given Mucinex and eventually got better.

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