

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

PRINTED: 09/17/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/28/2019
NAME OF PROVIDER OR SUPPLIER LEWISTON OF CASCADIA		STREET ADDRESS, CITY, STATE, ZIP CODE 3315 8TH STREET LEWISTON, ID 83501		
(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>On August 26, 2019 to August 28, 2019, an onsite complaint survey was conducted at the facility and no deficiencies were cited as a result of the survey.</p> <p>The surveyors conducting the survey were:</p> <p>Jim Troutfetter, QIDP Team Leader Karen Gray, RN</p>	F 000		

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

TITLE

(X6) DATE

Electronically Signed

09/16/2019

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
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BUREAU OF FACILITY STANDARDS
3232 Elder Street
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September 16, 2019

Breanna Jameson, Administrator
Lewiston of Cascadia
3315 8th Street
Lewiston, ID 83501-4966

Provider #: 135021

Dear Ms. Jameson:

On **August 26, 2019** through **August 28, 2019**, an unannounced on-site complaint survey was conducted at Lewiston of Cascadia. The complaint allegations, findings and conclusions are as follows:

Complaint #ID00008141

ALLEGATION #1:

The facility does not have sufficient staff to provide resident care in a timely manner.

FINDINGS #1:

Observations, interviews and record reviews were conducted with the following results:

Observations were conducted on 8/27/19 from 7:48 - 8:48 a.m. and 1:20 and 2:05 p.m. During both observations resident call lights were noted to be activated 12 times. In all incidents, the call lights were noted to be responded to in 1 minute or less.

Nine interviews were conducted with residents and or family members. All individuals stated they did not have concerns about call lights being answered in a timely manner. One family member stated she was concerned about staffing levels as nurses or nursing assistants would often have to go find additional help when assisting a resident.

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Nurse staffing schedules were reviewed for the previous 3 weeks and documented sufficient staffing levels. Additionally, resident council meeting minutes were reviewed, dated 1/2019 - 7/2019. The resident council meeting minutes for 5/2019 documented there was a concern with call lights being answered in a timely manner. However, the meeting notes did not contain any information related to the concern. The other 6 months of meeting minutes did not document any concerns related to call lights being answered in a timely manner.

Therefore, due to lack of evidence, the allegation was unsubstantiated with no deficient practice identified.

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,

A handwritten signature in black ink, appearing to read "Laura Thompson".

Laura Thompson, RN, Supervisor
Long Term Care Program

LT/lj