

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

PRINTED: 10/15/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/26/2019
NAME OF PROVIDER OR SUPPLIER LINCOLN COUNTY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 511 EAST FOURTH STREET SHOSHONE, ID 83352		
(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>There were no deficiencies cited as the result of a complaint investigation survey done 09/25/19 and 09/26/19.</p> <p>The survey team members conducting this survey were: Monica Meister, QDIP, Team Coordinator Karen George, 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

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 11, 2019

Dawn Meyer, Administrator
Lincoln County Care Center
PO Box 830
Shoshone, ID 83352-1502

Provider #: 135056

Dear Mr. Meyer:

On **September 26, 2019**, an unannounced on-site complaint survey was conducted at Lincoln County Care Center. The complaint allegations, findings and conclusions are as follows:

Complaint #ID00008133

ALLEGATION #1:

The facility does not have sufficient nursing staff to ensure residents receive adequate supervision to decrease risks and prevent accidents and nurse aides are not able to demonstrate competency in skills and techniques necessary to care for residents' needs.

FINDINGS #1:

An unannounced on-site complaint survey was conducted from 9/25/19 to 9/26/19. During that time, observations, resident record review, personnel record review, and resident and staff interviews were conducted with the following results:

Observations were conducted in the facility on 9/25/19 and 9/26/19. No concerns related to sufficient nursing staff or the use of restraints were identified.

Dawn Meyer, Administrator
October 11, 2019
Page 2 of 2

During observations, four residents were interviewed about nursing staff, nurse aides, behavior management, and the use of restraints. No concerns were expressed.

The facility's as-worked schedules, dated 7/2019 to 9/25/19 were reviewed, and no concerns related to insufficient numbers of staff were identified.

The facility's staffing roster documented 16 Certified Nurse Assistants (CNAs) were employed by the facility with the youngest CNA being 18 years old. The CNAs' personnel records all contained evidence of training in dementia care and/or behavior management training.

Five residents' records were selected for review. No concerns were identified.

The Medical Director stated during an interview on 9/25/19 at 9:55 AM, she was in the facility every Wednesday and had no concerns about the facility or their services. The Medical Director stated no concerns from staff or the residents had been expressed to her.

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