

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

PRINTED: 02/19/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/03/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE CARE CENTER OF BOISE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>808 NORTH CURTIS ROAD</b> <b>BOISE, ID 83706</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>A complaint survey was conducted at the facility from 12/2/19 to 12/3/19. No deficiencies were cited as a result of the survey.</p> <p>Surveyors conducting the survey were:</p> <p>Jenny Walker, RN, Team Coordinator Michael Brunson, RN Jim Troutfetter, QIDP</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

12/19/2019

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  
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](mailto:fsb@dhw.idaho.gov)

January 16, 2020

Rachel Storm, Administrator  
Life Care Center of Boise  
808 North Curtis Road  
Boise, ID 83706-1306

Provider #: 135038

Dear Ms. Storm:

On **December 2, 2019** through **December 3, 2019**, an unannounced on-site complaint survey was conducted at Life Care Center of Boise. The complaint allegations, findings and conclusions are as follows:

**Complaint #ID00008166**

**ALLEGATION #1:**

Residents fall and the facility does not implement interventions to prevent further falls.

**FINDINGS #1:**

During the survey resident records were reviewed, Incident and Accident reports were reviewed, and staff were interviewed.

Incident and Accident reports were reviewed for residents with falls from 7/2019 to 11/2019. The Incident and Accident reports included documentation the falls were investigated and interventions were implemented to prevent future falls. The Incident and Accident reports also documented appropriate assessment and medical treatment of the residents when needed.

The records of 4 residents with fall risks were reviewed. One resident was found on the floor on two occasions by a member of her family. However, the resident was helped back to bed by a family member and the falls were not reported to the facility staff.

During an interview at 1:40 PM on 12/3/19, the Director of Nursing stated the 2 falls had not been investigated as they were not aware of the falls.

It was determined that falls had occurred. However, the facility had documentation investigations were conducted for falls when reported and implemented interventions to prevent future falls.

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

#### CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

#### ALLEGATION #2:

Residents are left soiled for extended periods of time and staff do not assist residents with meals when needed.

#### FINDINGS #2:

During the survey, observations were conducted, residents were interviewed, and staff were interviewed.

Three residents were interviewed on 12/2/19. Each of the residents stated their call lights were answered promptly and they had no concerns related to their care and services. Four residents were interviewed on 12/3/19, and each resident stated they were happy with the staff and care they were receiving.

Observations were conducted of call lights being answered in a timely manner and residents received care within an appropriate amount of time. Observations were also conducted during lunch on 12/2/19, and breakfast on 12/3/19. During the observations, aides were in the dining areas and assisting residents as needed.

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

#### CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

Rachel Storm, Administrator  
January 16, 2020  
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**ALLEGATION #3:**

**Residents are over medicated.**

**FINDINGS #3:**

During the survey, observations were conducted, resident records were reviewed, and residents were interviewed.

The records of 4 residents were reviewed for those that received psychoactive medications. All residents had diagnoses to support the administration of psychoactive medication. The medications were administered per their physician's orders.

Observations and interviews were conducted at the facility on 12/2/19 and 12/3/19. During that time none of the residents appeared to be over medicated.

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



IDAHO DEPARTMENT OF  
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FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

March 24, 2020

Scott Morehouse, Administrator  
Life Care Center of Boise  
808 North Curtis Road  
Boise, ID 83706-1306

Provider #: 135038

Dear Mr. Morehouse:

On **December 2, 2020** through **December 3, 2019**, an unannounced on-site complaint survey was conducted at Life Care Center of Boise. The complaint allegations, findings and conclusions are as follows:

**Complaint #ID00008300**

**ALLEGATION:**

Residents did not receive therapeutic diets as ordered by the physician.

**FINDINGS:**

During the survey, residents were observed in the dining rooms and in their rooms at three different meals. Six residents records, which included a closed record, were reviewed for therapeutic diets. Five residents were interviewed and observed regarding therapeutic diets. Staff members were interviewed and observed regarding serving and following the recipes of therapeutic diets ordered by the physician.

CNAs were observed passing the meal trays to residents in the dining rooms and residents who chose to eat in their rooms and no concerns were identified with the therapeutic diets matching what was served to the residents. The residents were observed eating the food that was served to them with no choking or swallowing difficulties.

Scott Morehouse, Administrator  
March 24, 2020  
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Five residents records were reviewed for therapeutic diets. The five residents received their therapeutic diets as ordered by the physician. One residents record documented she was to receive a mechanical soft diet. The resident's record documented she had a choking episode after eating a seafood salad. The seafood salad's recipe documented the ingredients included imitation crab, hard cooked eggs, and celery mixed in mayonnaise. The recipe documented for residents on mechanical soft diets omit the celery.

The Executive Director stated she was with the resident the evening that she had the choking episode. The Executive Director stated the resident was choking on a piece of celery that was in the seafood salad, however the resident was able to talk, breathe, and drink fluids to move the food out of her airway on her own. The Executive Director stated she did not need to provide interventions to the resident, because the resident was able to talk, breathe, and drink fluids. The Executive Director stated she stayed with the resident for about 30 minutes to assure the resident was safe. The resident did have an emesis with a piece of celery in it, a few hours later of that same evening. The Executive Director stated an investigation was conducted and the dietary staff were monitored and educated to serve the proper therapeutic diets per the physician's order. The Dietary Manager stated the resident was served the incorrect therapeutic diet, which caused the resident to choke. The Dietary Manager stated all the dietary staff had been trained and re-educated to not make this error again.

Based on the investigative findings, the allegation was substantiated however, no deficiency was cited due to the facility's investigation of auditing, education, and changes of dietary staff.

#### CONCLUSIONS:

Substantiated. No deficiencies related to the allegation are cited.

One of the allegations was substantiated, but not cited. Therefore, 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,



Belinda Day, RN, Supervisor  
Long Term Care Program

Scott Morehouse, Administrator  
March 24, 2020  
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BD/lj