

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Boundary County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 6640 Kaniksu Street Bonners Ferry, ID 83805	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48401</p> <p>Based on record review, review of the State Survey Agency's Long-Term Care Reporting Portal, and staff interview, it was determined the facility failed to ensure residents were safe from abuse. This was true for 1 of 18 residents (Resident #15) whose records were reviewed for abuse. This failure placed all residents at risk of abuse and physical and psychosocial harm. Findings include:</p> <p>Resident #15 was admitted to the facility on [DATE] with multiple diagnoses including dementia, depression, and anxiety.</p> <p>Resident #15's care plan dated 11/21/22 directed staff to allow and encourage her to make choices and promote her independence. The care plan documented she may reject care due to difficulty understanding and directed staff to explain all care before providing it.</p> <p>On 5/29/24 at 9:00 AM, Resident #15 stated CNA #1 had forcefully removed her sweatshirt the night before and twisted her left forearm causing a bruise. Resident #15 stated she had told CNA #1 no when prompted to change her sweatshirt because she liked to sleep in her sweatshirt, and she would change it the next morning after her shower. Resident #15 stated CNA #1 said it was their duty to change Resident #15's sweatshirt and they tussled and she was trying to resist when CNA #1 was pulling the sweatshirt off. Resident #15 was assessed by a nurse to have purpura (a mark that occurs when small blood vessels leak blood under the skin) on her left forearm just above the wrist, a small bruise on her left elbow, and 3 small red marks on the back of her left forearm.</p> <p>The facility's investigation report for this allegation of abuse was added to the State Survey Agency's Long-Term Care Reporting Portal on 6/4/24 at 10:05 AM. The investigation report documented an interview with CNA #1 on 5/29/24 in which the following was stated:</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>[CNA #1] was called to discuss the incident. [CNA #1] recalled the incident with clarity. She stated that it was reported to her that [Resident #15] had not changed her sweatshirt that morning by the dayshift CNA and had been wearing it for two days. She stated that when she went to assist [Resident #15] with [bedtime] care she told her that the sweatshirt needed to be changed. [Resident #15] at that time had replied that she did not want to change it since she had a bath in the morning. [CNA #1] did not believe that as she says that all the time and the resident was unable to tell her what day her bath day was to confirm in her own mind that [Resident #15] did indeed have a bath. She stated that [Resident #15] was upset, threw a fit and [CNA #1] stated I'm just doing my job and tried to remove the sweatshirt by pulling it up from behind [Resident #15] and over her head. When asked if she had touched [Resident #15's] left arm or wrist, [CNA #1] stated yes, to get her arm out of the sleeve, but she was fighting me, and it could have left a mark.</p> <p>The conclusion of the incident report documented the following statement:</p> <p>The results of the investigation did substantiate the allegation of abuse. It was determined that [CNA #1] acted with willful intent in her attempt to remove the resident's sweatshirt which resulted in actual physical injury of the resident. Administration was consulted and [CNA #1's] employment was terminated.</p> <p>On 9/12/24 at 1:46 PM, the DON stated during the interview with CNA #1, she admitted she grabbed Resident #15's arm when forcing her to remove her sweatshirt. The DON stated the allegation of abuse was substantiated.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50981</p> <p>Based on observation, policy review, review of the Idaho Food Code, and staff interview, it was determined the facility failed to appropriately store, prepare, distribute, and serve food in accordance with professional standards for food service safety. This deficient practice had the potential to affect 18 of 18 residents who received meals prepared in the facility's kitchen and placed residents at risk for potential contamination, use of spoiled foods, and adverse health outcomes including contracting food-borne illnesses. Findings include:</p> <p>1. The Idaho Food Code, revised February 2021, documented, for food safety, food prepared and held in a food establishment will be clearly marked to indicate the date by which the food will be consumed on the premises or discarded.</p> <p>The facility policy titled Food Storage and Handling, dated [DATE], documented Food will be properly stored & handled in a way to minimize the risk of contamination and transfer of infection. The policy also documented All opened containers will be stored in sealed containers that are labeled as appropriate and dated with open date.</p> <p>On [DATE] at 2:20 PM, the walk-in refrigerator was observed with the Certified Dietary Manager (CDM). Open containers were found that included:</p> <ul style="list-style-type: none"> -a block of cheese inside a zip top sandwich bag with no dates, -a container of dill pickles with no open date, -2 bags of cheese with expiration dates of ,d+[DATE], -a bottle of Italian dressing with an open date of ,d+[DATE] with a broken/ cracked lid. <p>The CDM stated the expired cheese should have been discarded and the Italian dressing with the broken lid needed to be thrown away. She stated she was unsure how long the other opened items were safe to be used or discarded.</p> <p>On [DATE] at 2:25 PM, the walk-in freezer was observed with the CDM. Open containers were found that included:</p> <ul style="list-style-type: none"> -2 bags of cookies, both with no date, -1 bag of cardiac pork with no date. <p>The CDM stated the opened packaging should be labeled with the date on it when opened and she did not know how long they had been opened or if they were safe to serve.</p> <p>On [DATE] at 2:30 PM, the dry goods storage was observed with the CDM. Open containers were found that included:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> - a bag of dry pasta with no open date and no expiration date, - a bag of corn flakes with no open date and an expired use by date of [DATE], - a bag of bran flakes with no open date and an expired use by date of [DATE], - a bag of granola opened with no open date and best by date of [DATE], - a bag of pecans with no opened date and an expired use by date of [DATE]. <p>The CDM stated the opened packaging should be labeled with the date on it when opened and she did not know how long they had been opened or if they were safe to serve and expired food should be thrown away.</p> <p>2. The facility's Infection Control in Food Services policy, dated [DATE], documented, All food service employees will demonstrate consistent personal sanitation and infection control practices. and wash hands frequently utilizing the hand washing procedure: frequently during food preparation, after touching raw meat, poultry, or eggs. Additionally, the policy stated clean, disposable gloves, must be worn when handling food without a utensil and there will be no bare hand contact with any ready to eat foods.</p> <p>On [DATE] at 7:36 AM, Dietary Staff #1 was observed in a food preparation area with an active and productive cough without wearing a mask, and was observed performing the following food service tasks:</p> <ul style="list-style-type: none"> -reaching her uncovered hand/arm into a blender to spoon out food from the bottom of the blender, -cleaning a countertop with a cloth and disinfectant spray, rinsed her hands for 3 seconds under running water without using soap or friction, then dried them in a paper towel and returned to food preparation, -rinsing a dirty knife in the sink labeled for hand-washing use and wiping food off with a paper towel before using it to slice toasted bread. -donning one glove on right hand, using same hand to reach into ,d+[DATE] full bread bag and removing bread then placing into the toaster, removed glove, and started toaster without performing hand hygiene, -carrying 3 eggs, cracking them over stovetop barehanded, no hand washing witnessed, then got out a plate and sat it on the counter - donned gloves and finished cooking eggs. Removed gloves, retrieved toast from toaster and buttered it without gloves and held toast bare handed. She then placed the toast on plates. She then washed her hands. <p>On [DATE] at 8:35 AM, the CDM stated the staff should always be wearing gloves when touching food.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 9:30 AM, Dietary Staff #1 described the correct hand washing process as use water, soap scrub for 20 seconds, then rinse and dry. She stated she should wash her hands whenever they are visibly dirty, after removing gloves, and after using the restroom. Dietary Staff #1 stated gloves should be worn whenever touching food.</p>		