

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Bingham Memorial Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 98 Poplar Street Blackfoot, ID 83221	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51121</p> <p>Based on observation and resident and staff interviews, it was determined the facility failed to ensure residents were provided with a safe and clean, homelike environment that did not pose any safety or infection risks. This was true for 1 of 17 residents (Resident #22) whose rooms were observed. This deficient practice created the potential for diminished quality of life and psychosocial distress for Resident #22 when the flooring in her room was not cleaned daily and a portion of the floor tile was missing. Findings include:</p> <p>Resident #22 was admitted to the facility on [DATE], with multiple diagnoses including displaced fracture of left femur and difficulty walking.</p> <p>On 8/19/24 at 1:37 PM, the following were observed in Resident #22's room: the flooring was noted to have numerous small cracks in the middle of the room; one large crack with a one inch by one inch wide, 1/4 inch deep hole at the doorway entrance; and leaf debris on the floor that Resident #22 stated had been there for a few days.</p> <p>On 8/20/24 at 11:23 AM, it was observed the leaf debris in Resident #22's room remained on the floor.</p> <p>On 8/22/24 at 10:05 AM, the DON stated housekeeping should have been sweeping and mopping residents' rooms each day, and if there were leaves or debris stuck to the floor in a resident's room, housekeeping should have removed it. Additionally, the hole in the floor should have been repaired to prevent falls.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51121</p> <p>Based on observation, interview, and record review, it was determined the facility failed to ensure the MDS assessment accurately reflected the resident's status. This was true for 1 of 4 residents (Resident #225) whose MDS, care plan, and nursing assessments were reviewed. This deficient practice had the potential for negative outcomes if the resident was not assessed and cared for or monitored due to inaccurate assessments. Findings include:</p> <p>Resident #225 was admitted to the facility on [DATE], with multiple diagnoses including shoulder joint surgery, diabetes, muscle weakness, and abnormal gait and mobility.</p> <p>During an interview on 8/20/24 at 1:12 PM, Resident #225 stated he had dentures and needed help from the staff with cleaning and putting them in.</p> <p>A nurse advanced skilled evaluation, dated 7/28/24, documented Resident #225 had his own teeth.</p> <p>Resident #225's admission MDS, dated [DATE], did not include documentation that he needed assistance with dental care.</p> <p>Resident #225's care plan did not include interventions for dental care.</p> <p>On 8/22/24 at 2:15 PM, the DON stated the nurse who had completed Resident #225's evaluation should have done a better assessment to identify that he did have dentures and needed to have assistance with dental care.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49552</p> <p>Based on observation, record review, policy review, and staff interview, it was determined the facility failed to ensure residents' care plans were revised to reflect current needs and interventions. This was true for 3 of 6 residents (#1, #4, and #15) whose care plans were reviewed. This failure placed residents at risk of adverse outcomes if care and services were not provided due to care plans not being revised as residents' needs changed. Findings include:</p> <p>The facility's Restorative Nursing Programs policy, dated 7/22/24, documented:</p> <ul style="list-style-type: none"> - The interdisciplinary team, with the support and guidance from the physician, will assure the ongoing review, evaluation, and decision making regarding the services needed to maintain or improve resident's abilities in accordance with the resident's comprehensive assessment, goals, and preferences. - The Restorative Nurse, or designee will provide oversight of the restorative aide activities, review the documentation at least weekly, and evaluate the effectiveness of the plan monthly. <p>1. Resident #1 was admitted [DATE], and readmitted on [DATE], with multiple diagnoses including diabetes and traumatic brain injury.</p> <p>A care plan, dated 1/18/21, documented Resident #1 needed a restorative program to assist her in maintaining her mobility status.</p> <p>Resident #1's care plan interventions, dated 10/27/23, directed the staff to assess and determine her individualized therapy plan and to make changes to her plan of care quarterly and as needed.</p> <p>Resident #1's medical record did not document her restorative care plan interventions had been evaluated or updated.</p> <p>2. Resident #4 was admitted [DATE], and readmitted [DATE], with multiple diagnoses including osteoporosis and chronic pain.</p> <p>Resident #4's care plan, dated 4/13/21, directed Therapy to review and modify her care plan every 3 months and as needed.</p> <p>The following screenings were documented:</p> <ul style="list-style-type: none"> - Therapy Assessment and Restorative Program Referral forms, dated 6/27/22, 8/16/22, and 8/30/23, were documented as completed for Resident #4. - An undated Resident Screening Referral form, documented Resident #4 was on a restorative program. <p>Resident #4's restorative care plan interventions were dated 10/27/23.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A care plan for Resident #4, initial date 6/18/24, and revision date of 8/12/24, documented she needed restorative services due to impaired mobility and balance.</p> <p>Resident #4's medical record did not document her restorative care plan interventions had been evaluated or updated.</p> <p>Resident #4's record did not include documentation of completed screenings or reviews by Therapy between 4/13/21 to 6/27/22.</p> <p>3. Resident #15 was admitted to the facility on [DATE] with multiple diagnoses of spinal stenosis, muscle weakness, and iron deficiency.</p> <p>Resident #15's Physical Therapy (PT) Evaluation and Plan of Treatment Assessment Summary, dated 3/1/24, documented Resident #15 had decreased strength, balance, transfers, and gait secondary to increased neck pain. He was at risk for decreased level of mobility, decreased participation with functional tasks, falls, increased dependency upon caregivers, increased pain, and muscle atrophy. The Summary documented Resident #15 would benefit from further PT to increase strength, balance, and increase independence during functional mobility.</p> <p>Resident #15's care plan interventions, dated 10/18/22, include:</p> <ul style="list-style-type: none"> - Encourage to participate with restorative plan of care 6 times per week. If Resident #15 prefers not to participate with the plan of care, re-approach 3 times. - RNA program: Strengthening upper body. - RNA program: Mobility/Ambulation. - RNA program: Strengthening lower body. <p>Resident #15's care plan, dated 7/17/24, documented the need for restorative services.</p> <p>Resident #15's record did not include documentation that he had received restorative services.</p> <p>On 8/21/24 at 3:13 PM, RN #2, who was the facility's Restorative Services Nurse, stated the restorative book and residents' care plans should have been updated with resident changes. She confirmed routine screenings for restorative services were not being performed for residents.</p> <p>50983</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50983</p> <p>Based on observation, record review, policy review, and staff interview, it was determined the facility failed to ensure residents were given treatment and services to maintain or improve their ability to carry out activities of daily living. This was true for 3 of 6 residents (#1, #4, and #15) reviewed for restorative nursing services. This failure placed residents at risk for decreased range of motion, functional ability, and decreased quality of life. Findings include:</p> <p>1. Resident #1 was admitted [DATE], and readmitted on [DATE], with multiple diagnoses including diabetes and traumatic brain injury.</p> <p>Resident #1's care plan, dated 1/18/21, documented she needed a restorative program to assist in maintaining her mobility status.</p> <p>A progress note, dated 9/30/22, documented Resident #1 was discharged from therapy services on 9/28/22 and referred to restorative nursing services.</p> <p>The Follow-Up Question Report, dated 6/1/24 - 6/29/24, documented restorative therapy minutes for 6/11/24. No other restorative therapy minutes were documented in resident's medical record.</p> <p>Resident #1's care plan, initiated on 7/28/24, and revised on 8/12/24, documented she needed restorative services related to decreased range of motion to her upper body, due to poor mobility and balance.</p> <p>A Nursing Focus Assessment, dated 8/16/24, documented Resident #1 was to receive restorative nursing services.</p> <p>Resident #1's medical record did not document she received restorative nursing services.</p> <p>2. Resident #4 was admitted on [DATE], and readmitted on [DATE], with multiple diagnoses including osteoporosis and chronic pain.</p> <p>A restorative progress note, dated 8/4/22, documented Resident #4 received a new restorative plan of care from therapy.</p> <p>A nursing note, date 8/25/23, documented Resident #4 was screened by therapy and recommended continuing the restorative program.</p> <p>Resident #4's care plan, initiated 6/18/24, and revised on 8/12/24, documented she needed restorative services due to impaired mobility and balance.</p> <p>A Nursing Focus assessment dated [DATE] documented Resident #4 was not receiving restorative nursing services.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Follow-Up Question Report, dated 6/1/24 - 7/1/24, documented restorative therapy minutes for 6/11/24. No other restorative therapy minutes were documented in resident's medical record.</p> <p>Resident #4's medical record did not document that she had received restorative nursing services.</p> <p>On 8/19/24 at 1:51 PM, Resident #4 stated she used to be on restorative, but it was stopped.</p> <p>3. Resident #15 was admitted to the facility on [DATE] with multiple diagnoses of spinal stenosis, muscle weakness, and iron deficiency.</p> <p>Resident #15's Physical Therapy (PT) Evaluation and Plan of Treatment Assessment Summary, dated 3/1/24, documented Resident #15 had decreased strength, balance, transfers, and gait secondary to increased neck pain. He was at risk for decreased level of mobility, decreased participation with functional tasks, falls, increased dependency upon caregivers, increased pain, and muscle atrophy. Resident #15 Summary documented he would benefit from further PT to increase strength, balance, and increase independence during functional mobility.</p> <p>Resident #15's care plan interventions, dated 10/18/22, include:</p> <ul style="list-style-type: none"> - Encourage to participate with restorative plan of care 6 times per week. If Resident #15 prefers not to participate with the plan of care, re-approach 3 times. - RNA program: Strengthening upper body. - RNA program: Mobility/Ambulation. - RNA program: Strengthening lower body. <p>Resident #15's care plan, dated 7/17/24, documented the need for restorative services.</p> <p>Resident #15's medical record did not document that he received restorative nursing services.</p> <p>On 8/19/24 at 3:40 PM, Resident #15 stated he has trouble holding his head up and has numbness in his fingers because of a spinal injury.</p> <p>Resident #15 stated he was working with physical therapy but stopped after his insurance stopped paying for it.</p> <p>On 8/21/24 at 8:11 AM, the Activities Director stated she did not do the restorative program but, she did 1 on 1 range of motion with the residents and documented it under the activities tab in PCC (electronic medical record). She also stated she does what exercises the residents want to do, she does not follow the resident's care plan interventions and she does not document the minutes spent with the resident.</p> <p>On 8/21/24 at 11:53 AM, CNA #1 stated the facilities restorative program is being revamped. She also stated there is a restorative book for the staff to look at for the resident's restorative plans, but the floor staff is not documenting what restorative therapy is being done because there is no place to document it.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>CNA #1 stated the facility has been working on changing the restorative program for a couple of months and the Activities Director and RN #2 were completing the charting for those residents on a restorative program. She stated she should have documented when residents received restorative therapy or if they did not receive restorative therapy.</p> <p>On 8/21/24 at 3:13 PM, RN #2 stated the the restorative program should be documented. She stated the facility is changing the restorative program and there is no place for staff to document on each resident once restorative therapy was completed.</p> <p>On 8/21/24 at 3:48 PM, the DON stated Restorative Therapy minutes had not been documented and the Restorative Program is under review by QAPI.</p> <p>49552</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49552</p> <p>Based on observation, policy review, and staff interview, it was determined the facility failed to ensure medications available for residents were dated when opened and not expired. This was true for 1 of 1 medication storage rooms inspected. This failure created the potential for residents to receive expired medications with decreased efficacy. Findings include:</p> <p>The CDC guidelines for Preventing Unsafe Injection Practices, dated 3/26/24, documented once a multi-dose vial is opened (e.g., needle-punctured) the vial should be dated and discarded within 28 days unless the manufacturer stated another date for that opened vial. The beyond-use-date should never exceed the manufacturer's original expiration date.</p> <p>On 8/20/24 at 11:14 AM, with RN #1 present, a Tubersol solution (a clear colorless solution used for detection of tuberculosis infection) vial with no opened date, was observed in the resident medication refrigerator.</p> <p>RN #1 confirmed there was no open date on the bottle of Tubersol solution, or the box the solution was in.</p> <p>On 8/20/24 at 11:17 AM, the DON stated the Tubersol solution should have been dated when it was opened.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51121</p> <p>Based on observation, interview, and policy review, it was determined the facility failed to ensure residents were provided evening snacks. This was true for 2 of 2 resident's (#19 and #22) who attended the Resident Council meeting. This failure created the potential for residents to experience hunger between meals, increased fatigue, weight loss, and poor quality of sleep. Findings include:</p> <p>The Facility Offering/Serving Between Meal and Bedtime Snacks policy, revised date 3/18/24, documented the nursing staff will offer bedtime snacks daily to all residents in accordance with the residents' needs, preferences, and requests.</p> <p>1. Resident #19 was admitted to the facility on [DATE], with multiple diagnoses including gastroenteritis and colitis, nausea, and dehydration.</p> <p>Resident #19's nutrition snacks task for August 2024 documented she had refused evening snacks on 8/5, 8/6, 8/13, 8/14, 8/19, 8/20, and 8/21.</p> <p>On 8/21/24 at 10:43 AM, Resident #19 stated during the Resident Council meeting that she had never been offered snacks in the evening and did not know she could ask for them.</p> <p>2. Resident #22 was admitted to the facility on [DATE], with multiple diagnoses including displaced fracture of left femur and difficulty walking.</p> <p>Resident #22's nutrition snacks task for July 2024 documented she had refused evening snacks on 7/14, 7/15, 7/16, 7/17, 7/22, 7/23, 7/24, 7/29, 7/30, and 7/31.</p> <p>On 8/21/24 at 10:44 AM, Resident #22 stated during the Resident Council meeting that she had never been offered snacks in the evening and did not know she could ask for them.</p> <p>On 8/22/24 at 9:55 AM, the DON stated the CNAs should have offered each resident an evening snack.</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>51121</p> <p>Based on observation, interview, policy review, and review of the Idaho Food Code, the facility failed to appropriately store, distribute, and label foods. This deficient practice had the potential to affect 17 of 17 residents who received meals prepared in the facility's kitchen. This placed residents at risk for potential contamination and use of spoiled foods, and adverse health outcomes including food-borne illnesses. Findings include:</p> <p>The Idaho Food Code, revised February 2021, stated, 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking . refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.</p> <p>Review of the facility's Food Storage policy, dated 6/27/23, documented perishable food in open containers, or outside of their original containers will be discarded after 72 hours.</p> <p>Review of the facility's Use and Storage of Food Brought in by Family or Visitors policy, revised 3/26/24, documents all food items that are already prepared by family or visitor brought in must be labeled with resident's name and opened date. The facility may refrigerate labeled and dated food and beverages in the nourishment refrigerator or freezer.</p> <p>On 8/21/24 at 7:20 AM, the following was observed in the dry food storage area, with the RD present:</p> <ul style="list-style-type: none"> - Pearl barley, open date 3/12/24, should have been disposed on 6/12/24. - Granola, open date 3/2/24, should have been disposed on 6/2/24. <p>The RD stated the dry food items should have been used within 3 months of opening or should have been disposed.</p> <p>On 8/21/24 at 7:32 AM, the following was observed in the reach-in refrigerator, with the RD present:</p> <ul style="list-style-type: none"> - Whipped cream, use by date 8/17/24, was unsealed. - Undated facility-prepared single serve ranch dressing cups. - Undated single serve sugar free ice cream cups. - Undated slice of pie on a plate. <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>The RD stated any refrigerated food items had to be used within 72 hours of opening or disposed of.</p> <p>On 8/21/24 at 7:40 AM, the following was observed in the walk-in refrigerator, with the RD present:</p> <ul style="list-style-type: none"> - A container of raw meat used for meatballs, dated 8/16/24, had been frozen but put in walk-in refrigerator to thaw. - Three bean salad with lid not properly closed was dated 8/2/24. - A container of vanilla pudding, dated 8/16/24, was past the 72 hours facility policy for disposal. <p>The RD stated the items should not have been kept in the food storage areas past the assigned dates or if incorrectly packaged.</p> <p>On 8/21/24 at 7:53 AM, the following was observed in the walk-in freezer, with the RD present:</p> <ul style="list-style-type: none"> - Raw frozen chicken stored above facility-made pizza, dated 8/6/24. - Water from freezer unit had dripped down on the boxes and then refroze into the boxes. <p>The RD stated the raw chicken should not have been stored over other food items and the boxes with water damage should have been removed.</p> <p>On 8/22/24 at 8:36 AM, the following were observed in the patient care area snack storage room, with the nutrition services manager and RD present:</p> <ul style="list-style-type: none"> - An opened undated ice cream 1/2 gallon container with a resident's room number on it. - Two opened loaves of bread with best used-by dates of 7/5/24 and 8/16/24 with no opened date on either loaves of bread. - An opened almond milk container, dated 7/3/2024, which was past the 72 hour disposal date. - Undated single serve juice cups. <p>The nutrition services manager stated the single-serving juice cups came out of a box that was dated however, no one dated the cups when they were stocked in the refrigerator and they should have been.</p> <p>The RD stated the nursing staff should have disposed of the outdated items.</p>

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NAME OF PROVIDER OR SUPPLIER Bingham Memorial Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 98 Poplar Street Blackfoot, ID 83221	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>51121</p> <p>Based on observation and staff interview, the facility failed to ensure adherence to infection control and prevention practices to provide a safe and sanitary environment when staff did not offer or encourage residents hand hygiene prior to meals served in their rooms. This failure had the potential to impact 2 of 3 residents (#12 and #15) observed during meal service for hand hygiene, placing them at risk for cross-contamination and infection. Findings include:</p> <p>On 8/20/24 at 5:25 PM, surveyor observed food tray delivery and set up on Resident #12's overbed table, however CNA #1 did not offer to help him wash his hands before eating.</p> <p>On 8/20/24 at 5:29 PM, surveyor observed food tray delivery and set up on Resident #15's overbed table, however CNA #2 did not offer to help him wash his hands before eating.</p> <p>On 8/20/24 at 5:37 PM, CNA #1 stated she should have offered hand washing and did not know why the facility had not required that.</p> <p>On 8/20/24 at 5:38 PM, CNA #2 stated she should have offered hand washing and did not know why the facility had not required that.</p> <p>On 8/22/24 at 9:59 AM, the DON stated the CNAs should have been asking residents, who eat in their rooms, if they would like to wash their hands before meals.</p>