

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Oneida County Hospital & Long Term Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 150 North 200 West Malad, ID 83252	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50981</p> <p>Based on record review and staff interview, it was determined the facility failed to ensure a Pre-Admission Screening and Resident Review (PASARR) was accurately completed prior to admission for 1 of 3 residents (Resident #15), and when a new mental health diagnosis was identified for 2 of 3 residents (#10 and #11), whose records wer reviewed for PASARR screenings. These failures created the potential for harm if residents required, but did not receive, specialized services for mental health while residing in the facility. Findings include:</p> <p>Appendix PP of the State Operation Manual, revised on 8/8/24, documented the PASARR process requires that all applicants to Medicaid-certified nursing facilities be screened for possible serious mental disorders or intellectual disabilities and related conditions prior to admission to a nursing facility. A negative Level 1 screen permits admission to proceed and ends the PASARR process unless a possible serious mental disorder or intellectual disability arises later. A positive Level 1 screen necessitates an in-depth evaluation of the individual by the state-designated authority, known as Level 2 PASARR, which must be conducted prior to admission to a nursing facility.</p> <p>Appendix PP of the State Operations Manual, revised 8/8/24, documented any resident with newly evident or possible serious mental disorder, intellectual disability, or a related condition must be referred, by the facility to the appropriate state-designated mental health or intellectual disability authority for review.</p> <p>1. Resident #15 was admitted to the facility on [DATE] with multiple diagnoses including dementia, diabetes, and post-traumatic stress disorder (PTSD).</p> <p>On 11/4/24, The CMS Form-802, Matrix for Providers documented Resident #15 had a diagnosis of PTSD.</p> <p>Resident #15's Level 1 PASARR was completed and signed on 8/11/22 by the Licensed Clinical Social Worker (LCSW) employed by both the hospital and the long-term care facility. The Level 1 PASARR documented Resident #15 did not have any serious mental disorders, including PTSD.</p> <p>On 11/6/24 at 4:49 PM, the Administrator confirmed Resident #15 had the diagnosis of PTSD when she transferred from the hospital to the long-term care facility.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Oneida County Hospital & Long Term Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 150 North 200 West Malad, ID 83252	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/6/24 4:53 PM, the LCSW stated he completed Resident #15's Level 1 PASARR when she transferred from the hospital to the long-term care facility and was not sure why her diagnosis of PTSD was not identified. He added he may have looked at her medication list to see what she was being treated for and may not have looked at her diagnoses list. The LCSW confirmed Resident #15's Level 1 PASSAR was not accurate, and it should have indicated her diagnosis of PTSD.</p> <p>2. Resident #10 was admitted to the facility on [DATE] with multiple diagnoses including cerebral infarction, major depressive disorder, and anxiety disorder.</p> <p>Resident #10's medical record documented her diagnoses of major depression and anxiety on a completed Level 1 PASARR, dated 9/23/13, and Level 2 PASARR, dated 9/24/13.</p> <p>Resident #10's medical record documented a new mental health diagnosis of delusional disorder on 12/17/14.</p> <p>Resident #10's medical record was reviewed and did not include an updated Level 1 PASARR for the new diagnosis.</p> <p>On 11/6/24 at 11:50 AM , the LCSW confirmed he did not complete an updated Level 1 PASARR for Resident #10's new serious mental disorder diagnosis because he was not aware he was supposed to.</p> <p>3. Resident #11 was admitted to the facility on [DATE] with multiple diagnoses of diabetes, osteoarthritis, and chronic pain.</p> <p>Resident #11's medical record included a completed Level 1 PASARR, dated 2/28/18. The Level 1 PASARR did not identify any serious mental disorders diagnoses.</p> <p>Resident #11's medical record included a new serious mental disorder diagnosis of major depressive disorder on 6/19/19 and paranoid schizophrenia on 7/30/20.</p> <p>Resident #11's medical record was reviewed and did not include an updated Level 1 PASARR for the either of the new serious mental disorder diagnoses.</p> <p>On 11/6/24 at 11:50 AM, the LCSW confirmed he did not complete a Level 1 PASARR for Resident #11's new serious mental disorder diagnoses because he did not know he was supposed to.</p>		