

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Grangeville Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East North Second Street Grangeville, ID 83530	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40733</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 completed within the required timeframe for 1 of 5 residents (Resident #40) reviewed for PASARR screenings. This failure 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 8/8/24, documented all applicants to Medicaid-certified nursing facilities are to be screened for possible serious mental disorders or intellectual disabilities and related conditions. This initial pre-screening is referred to as PASARR Level 1 and should be completed prior to admission to a nursing facility.</p> <p>Resident #40 was admitted to the facility on [DATE], with multiple diagnoses including traumatic brain injury and alcohol-induced dementia.</p> <p>Resident #40's care plan, created on 9/4/24, documented Resident #40 was prescribed an antidepressant medication related to his depression and dementia.</p> <p>Resident #40's medical record included a completed Level 1 PASSAR for Washington State. His record did not include a completed Level 1 PASARR for the State of Idaho.</p> <p>On 10/24/24 at 6:07 PM, the facility's Administrator and the Social Services Director (SSD) were interviewed and Resident #40's record was reviewed in their presence. The SSD stated she was responsible for ensuring PASSARs were completed and entered into a resident's record when they were admitted to the facility. She confirmed Resident #40 was transferred to the facility from another facility in Washington State and was not provided with an Idaho Level 1 PASSAR before his admission. The Administrator confirmed the Idaho PASSAR should have been completed before Resident #40 was admitted to the facility.</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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>48401</p> <p>Based on review of the Payroll Based Journal (PBJ) Staffing Data Report, record review, and staff interview, it was determined the facility failed to ensure an RN was on-site for 8 consecutive hours, 7 days a week. This failure created the potential for harm if routine and/or emergency nursing needs were unmet and had the potential to affect the 46 residents living at the facility. Findings include:</p> <p>The facility's PBJ Staffing Data Report for Fiscal Year, Quarter 3, 2024 (April 1 - June 30), documented the facility reported an RN was not on-site on the following 7 dates:</p> <ul style="list-style-type: none"> -Sunday 4/7/24 -Saturday 4/20/24 -Sunday 4/21/24 -Saturday 5/4/24 -Sunday 5/5/24 -Saturday 6/1/24 -Saturday 6/15/24 <p>The facility's Three-Week Nursing Hours worksheet, completed by the Administrator, documented there fewer than 8 consecutive hours of RN on-site coverage for the following 6 dates:</p> <ul style="list-style-type: none"> -Sunday 9/29/24 documented 1.50 RN hours -Saturday 10/5/24 documented 2.25 RN hours -Sunday 10/6/24 documented 1.38 RN hours -Saturday 10/12/24 documented 0.00 RN hours -Sunday 10/13/24 documented 4.22 RN hours -Saturday 10/19/24 documented 0.00 RN hours <p>In addition to the above dates, the facility's labor report for April 1 - October 19, 2024, documented there were fewer than 8 consecutive hours of RN on-site coverage for the following 10 dates:</p> <ul style="list-style-type: none"> -Thursday 7/4/24 documented 0.00 RN hours <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Saturday 7/27/24 documented 1.35 RN hours</p> <p>-Sunday 7/28/24 documented 0.00 RN hours</p> <p>-Saturday 8/10/24 documented 2.50 RN hours</p> <p>-Sunday 8/11/24 documented 4.12 RN hours</p> <p>-Saturday 8/24/24 documented 1.50 RN hours</p> <p>-Sunday 8/25/24 documented 0.00 RN hours</p> <p>-Saturday 9/14/24 documented 0.75 RN hours</p> <p>-Sunday 9/15/24 documented 3.17 RN hours</p> <p>-Saturday 9/28/24 documented 0.00 RN hours</p> <p>On 10/24/24 at 4:39 PM, the Assistant Director of Nursing (ADON) and the Director of Nursing (DON) were interviewed together. The DON stated the facility did not have enough RNs to staff the weekends and they have an RN on-call who would come into the facility in case of emergency. The DON added, if an RN on-call were to come into the facility on the weekend, it was unlikely they would work 8 consecutive hours.</p> <p>On 10/24/24 at 4:49 PM, the Administrator stated the facility has not been able to hire any RNs and he understood the facility did not meet the regulatory requirement to have an RN on-site for 8 consecutive hours, 7 days a week.</p>