

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2025
NAME OF PROVIDER OR SUPPLIER Bennett Hills Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1220 Montana Street Gooding, ID 83330	

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** 49552</p> <p>Based on policy review, record review, and staff interview, it was determined the facility failed to ensure resident's rights to be free from abuse were protected. This was true for 1 of 1 resident (Resident #36) reviewed for abuse. This failure placed all residents at risk for ongoing abuse and potential physical and psychosocial harm. Findings include:</p> <p>The facility's Abuse: Prevention of and Prohibition Against policy revision date December 2023, documented it was the policy of the facility that each resident had the right to be free from abuse, neglect, misappropriate of resident property, exploitation, and mistreatment.</p> <p>Resident #36 was admitted to the facility on [DATE], with the multiple diagnoses including dementia and cognitive communication deficit.</p> <p>A facility reported incident dated 12/20/24 documented the following:</p> <ul style="list-style-type: none"> - CNA #3 heard CNA #2 verbally abusing Resident #36. - CNA #3 immediately told CNA #2 to leave Resident #36's room. - The Administrator was notified and CNA #2 was suspended pending investigation. - Resident #36 was assessed for physical and psychosocial harm. No harm noted. - Other residents were interviewed, and no abuse was reported. - Staff were in-serviced on abuse. - CNA #2 was terminated on 12/23/24. <p>This finding represents past noncompliance with this regulatory requirement. There is sufficient evidence the facility corrected the noncompliance on 12/23/24.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>50983</p> <p>Based on review of the State Operations Manual, Appendix PP, policy review, employee record review, and staff interview, it was determined the facility failed to ensure policies were implemented to protect residents from potential physical and/or psychosocial harm. This was true for 1 of 6 facility staff (NA #1), whose personnel files were reviewed for pre-employment background checks. This had the potential to place each of the residents residing in the facility at increased risk for physical and/or psychosocial harm. Findings include:</p> <p>The State Operations Manual, Appendix PP revised 8/8/24, documented, a facility must have written procedures for screening potential employees for a history of abuse, neglect, exploitation, or misappropriation of resident property.</p> <p>The facility's Abuse: Prevention of and Prohibition Against policy revised December 2023, documented prior to hire, the facility will screen potential employees for history of abuse, neglect, exploitation, or misappropriation of resident property.</p> <p>On 6/13/24, NA #1 was hired by the facility.</p> <p>On 3/19/25, a review of NA #1's personnel file had not documented a pre-employment background check was completed.</p> <p>On 3/20/25, the Administrator stated he could not find where NA #1 had a completed background check.</p> <p>On 3/21/25 at 7:44 AM, the Administrator provided a copy of NA #1's background check dated 12/6/24, 6 months after hire date.</p>

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50983</p> <p>Based on review of the State Operations Manual-Appendix PP, the Resident Assessment Instrument (RAI), record review, and staff interview, it was determined the facility failed to ensure a resident's diagnosed medical condition was documented on the resident's comprehensive MDS assessment. This was true for 1 of 7 residents, (Resident #9) whose MDS assessments were reviewed. This failure created the potential for harm if care decisions were based upon inaccurate or lack of information. Findings include:</p> <p>The State Operations Manual, Appendix PP, revised 8/8/24, documented a facility must make a comprehensive assessment using the RAI specified by CMS and include active disease diagnoses and health conditions.</p> <p>The RAI, revised October 2024, documented diseases that have a documented diagnosis in the last 60 days and have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period, needed to be coded in section I, Active Diagnosis.</p> <p>Resident #9 was admitted to the facility on [DATE], with multiple diagnoses including renal failure (when kidneys cannot filter waste products from the blood), diabetes, and hyponatremia (when the sodium level in the blood is too low).</p> <p>Resident #9's care plan updated 2/27/25, documented she had the potential for a psychosocial well-being problem related to a recent cancer diagnosis.</p> <p>Resident #9's comprehensive MDS assessment dated [DATE], had not documented she had a diagnosis of cancer.</p> <p>On 3/19/25 at 3:15 PM, the DON and MDS Resource Nurse stated the MDS did not document Resident #9's diagnosis of cancer and should have.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49552</p> <p>Based on observation, record review, and staff interview, it was determined the facility failed to develop and implement comprehensive resident-centered care plans. This was true for 6 of 17 residents (#3, #14, #16, #47, #52, and #108) whose care plans were reviewed. These failures placed residents at risk of negative outcomes if services were not provided or provided incorrectly due to lack of information in their care plan. Findings include:</p> <p>The facility's Comprehensive Person-Centered Care Planning policy, revised December 2023, documented the resident's care plan would include their needs and any specialized services.</p> <p>The following was observed for care plan review:</p> <p>1. Resident #3 was admitted to the facility 2/13/25, with multiple diagnoses including respiratory failure and hypertension.</p> <p>Resident #3's Physician order dated 3/8/25, documented she was a full code.</p> <p>Resident #3's care plan did not document her code status.</p> <p>2. Resident #14 was initially admitted to the facility on [DATE], and readmitted on [DATE], with multiple diagnoses including sacral spina bifida with hydrocephalus (a condition where the spinal cord does not close properly during development and excess fluid builds up in the brain) and major depressive disorder.</p> <p>Resident #14's Physician order dated 12/17/24, documented she was a DNR, do not attempt resuscitation.</p> <p>Resident #14's care plan had not contained any information related to her resuscitation code status.</p> <p>3. Resident #16 was initially admitted to the facility on [DATE], and readmitted on [DATE], with multiple diagnoses including diabetes and chronic obstructive pulmonary disease (a group of lung diseases that cause progressive and irreversible airflow obstruction, leading to breathing difficulties).</p> <p>Resident #16 Physician order dated 4/16/24, documented she was a DNR with limited additional interventions, Yes to IV fluids, Yes to ABX, No to feeding tube, No to blood products.</p> <p>Resident #16's care plan had not contained information related to her resuscitation code status.</p> <p>4. Resident #47 was admitted [DATE], with multiple diagnoses including heart failure and dementia.</p> <p>Resident #47's Physician order dated 3/18/25, documented her code status was DNR with selective treatment: Yes, to IV fluids, Yes to antibiotics, No feeding tube, and No blood products.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #47's care plan did not document her code status.</p> <p>5. Resident #52 was admitted to the facility on [DATE], with multiple diagnoses including pneumonia and hypertension.</p> <p>Resident #52's physician order dated 2/14/25, documented his code status was DNR-No to blood and feeding tube, Yes to IV fluids and ABX.</p> <p>Resident #52's care plan did not document his code status.</p> <p>6. Resident #108 was admitted to the facility on [DATE], with multiple diagnoses including multiple sclerosis (a disease in which the immune system eats away at the protective covering of the nerves) and dementia.</p> <p>Resident #108's Physician order dated 3/7/25, documented her code status was Full Code.</p> <p>Resident #108's care plan did not document her code status.</p> <p>On 3/19/25 at 3:12 PM, the DON stated the resident's code status had not been documented in their care plans and it should have been.</p> <p>51121</p>

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>51121</p> <p>Based on observation and staff interview, it was determined the facility failed to ensure nurse staffing information was accurate and posted daily for each shift. This failed practice had the potential to affect all residents residing in the facility and their representatives, visitors, and others who wanted to review the facility's staffing levels. Findings include:</p> <p>The State Operation Manual, Appendix PP revised on 8/8/24, documented the facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.</p> <p>On 3/20/25 at 11:47 AM, a review of the posted nursing staff hours dated October 2024 - March 2025 was conducted with the following results.</p> <ul style="list-style-type: none"> - On 10/18/24, the posted nurse staff hours was blank. - On 1/9/25, the posted nurse staff hours was blank. <p>On 3/20/25 at 12:15 PM, the Administrator stated all the posted nursing hours should have been completed.</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 and staff interview, it was determined the facility failed to ensure medications available for residents were labeled, dated, and stored appropriately, this was true for 2 of 2 medication carts audited for labeling and storage of medication. This failure created the potential for residents to have missed doses of medication. Findings include:</p> <p>On 3/19/25 at 8:05 AM, the East Hall medication cart was audited with CMA #1 present. Observed on the bottom of the third drawer; 1 oval shaped white tablet, 1 small round white tablet, 1 large oblong white tablet.</p> <p>On 3/19/25 at 8:13 AM, CMA #1 stated the pills should not have been loose in the medication cart.</p> <p>On 3/19/25 at 9:34 AM, the Skilled Hall medication cart was audited with LPN #1 present. Observed on the bottom of the third drawer; 2 small, round white pills.</p> <p>On 3/19/25 at 9:42 AM, LPN #1 stated the pills should not have been loose in the medication cart and should have been destroyed.</p> <p>On 3/19/25 at 2:20 PM, the DON stated the nurses or medication aides should have destroyed the loose pills.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 51121</p> <p>Based on observation, staff interview, and review of the Idaho Food Code, the facility failed to appropriately store and label food products, and cover meal trays correctly. This failure had the potential to impact all residents in the facility. This placed residents at risk for use of spoiled foods, and potential contamination, 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 . 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 .</p> <p>1. The following were related to labeling and storage of food products:</p> <p>On 3/17/25 at 9:51 AM, the following was observed in the dry food storage area, with the DS present:</p> <ul style="list-style-type: none"> - Dry pasta, open date 10/9/24, should have been disposed on 3/9/25. - Barley dry food, use by date of 12/24. - Ragu pasta sauce use by date of 3/13/25. - Three #10 size cans of Bountiful Harvest Foundations pineapple tidbits and beans with no received date. <p>On 3/17/25 at 9:58 AM, the DS stated the #10 cans should have been marked with a received date and the dry food items and refrigerator items should have been removed and disposed.</p> <p>On 3/17/25 at 11:44 AM, the following was observed in the resident dining room during the lunch meal:</p> <ul style="list-style-type: none"> - Soy sauce bottle given to resident to use on her plate of food, had no use by dates on bottle. <p>On 3/17/25 at 11:49 AM, The DS stated the bottle of soy sauce should have had a use by date.</p> <p>On 3/20/25 at 12:33 PM, the following was observed in the resident refrigerator, with a CNA #4 present:</p> <ul style="list-style-type: none"> - A container of salsa with white fuzzy substance growing on the inside of the container. <p>On 3/20/25 at 12:35 PM, the CNA #4 stated the salsa should have been discarded.</p> <p>2. On 3/17/25 at 12:15 PM, the following was observed during the meal delivery to residents' rooms:</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 - Few</p>	<p>- Observed CNA #1 take the meal trays from the food cart and delivered them down the hall to room [ROOM NUMBER], #36, #40, and #42 without covers on the bread or dessert.</p> <p>On 3/17/25 at 12:18 PM, CNA #1 stated the food should have been covered.</p> <p>On 3/20/25 at 12:30 PM, the DS stated the food is supposed to be taken from the food cart directly to the resident's room. The food should have been covered if it is going down the hall.</p> <p>49552</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51121</p> <p>Based on observation and interview, the facility failed to provide a safe, clean, homelike environment. This failure had the potential to impact all residents, by placing them at risk for injury and infections. Findings include:</p> <p>On 3/19/25 at 11:17 AM, observed in room [ROOM NUMBER] with CMA #1 present, the sharps container was filled past the full line.</p> <p>On 3/19/25 at 11:28 AM, CMA #1 stated the sharps container should have been changed when it was full.</p> <p>On 3/19/25 at 1:48 PM, observed with the DON present, overfilled sharps container with multiple used razors poking out of the opening, in the south hall shower room and fuzzy black mold-like substance on the shower tiles.</p> <p>On 3/19/25 at 1:53 PM, observed with the DON present, overfilled sharps container with multiple used razors poking out of the opening, in the north skilled hall shower room and fuzzy black mold-like substance by ceiling vent.</p> <p>On 3/19/25 at 3:18 PM, the Maintenance Supervisor stated he felt the black stuff on and next to the shower ceiling vent was mold, but he was not too sure about the black on the tiles in the other shower room.</p> <p>On 3/20/25 at 8:51 AM, the DON stated the facility does not have a policy for housekeeping, cleaning, showers, or sharps containers but the showers should have been cleaned after each use but were not and the sharps containers should have been changed when full.</p> <p>49552</p>