STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135137	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Promontory Point Rehabilitation	3909 South 25th East Ammon, ID 83406

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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. 49552 Based on observation and staff interview it was determined the facility failed to ensure resident's privacy was maintained during medication administration and medical information was protected. This was true for 1 of 2 medication carts reviewed for privacy and confidentiality. This deficient practice placed residents at risk of embarrassment and loss of control over their personal information. Findings include: The facility's Patient Rights policy, revision date 12/1/22, documented the resident has the right to have personal and clinical records kept current and private. On 2/11/25 at 7:46 AM, observed on the south hall medication cart, the computer had the screen open to Resident #23's medical information. On 2/11/25 at 7:54 AM, observed on the south hall medication cart, the computer had the screen open to Resident #8's medical information. On 2/11/25 at 7:57 AM, observed on the south hall medication cart, the computer had the screen open to Resident #19's medical information. On 2/11/25 at 8:02 AM, LPN #1 stated she should have shut the screen to the computer before she left the medication cart.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135137	A. Building B. Wing	02/12/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 49552 Based on observation, record review, and staff interview, it was determined the facility failed to ensure professional standards of nursing practice were followed for 1 of 12 residents (Resident #1) reviewed for quality of care. Resident #1 was at risk for adverse outcomes when she did not have a physician's order to provide oxygen as needed. This failed practice had the potential to adversely affect residents whose care and services were not followed according to accepted standards of practice. Findings include: The facility's Oxygen Administration policy revision date 10/13/22, documented oxygen was to be administered under orders of a physician, except in the case of an emergency. In such cases, oxygen is administered and orders for oxygen are obtained as soon as practicable when the situation is under control. Resident #1 was admitted to the facility on the 1/21/25, with multiple diagnoses including fracture of the right femur (thigh bone) and hypertension. On 2/10/25 at 9:00 AM, observed Resident #1 in her room with oxygen at 1 liter per minute via nasal cannula. Review of Resident #1's medical record did not document an order for oxygen. On 2/11/25 at 11:22 AM, LPN #2 stated Resident #1 did not have an order for the oxygen and she should have because she has been on a low flow oxygen since she was admitted .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135137	A. Building B. Wing	02/12/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 49552 Based on observation, policy review, 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 1 of 2 medication storage rooms inspected and 1 of 2 medication carts audited for labeling and storage of medications. This failure created the potential for residents to receive the wrong medication and to receive expired medications with decreased efficacy. Findings include: 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 states another date for that opened vial. The beyond-use-date should never exceed the manufacturer's original expiration date. The facility's Medication Storage policy revision date 10/12/22, documented the facility was to ensure all medications housed on the premises are stored in medication rooms or cart according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. On 2/11/25 at 10:07 AM, the facility's south side medication cart was inspected with LPN #1 present, observed in the third drawer on the left, a cup with multicolored tablets in it with a piece of tape across the top labeled Tums. On 2/11/25 at 10:12 AM, LPN #1 stated they did not have a container for the Tums, and they should have. On 2/11/25 at 10:16 AM, the facility's north side medication room was inspected with LPN #2 present, observed in the resident medication refrigerator, a vial of Tuberculin purified solution (a clear colorless solution used for detection of tuberculosis infection) vial with no opened date. On 2/11/25 at 10:17 AM, LPN #2 stated there was no open date on the bottle of Tuberculin purified solution or the box the solution was in. She stated the vial should have been dated when it was opened.