

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Idaho State Veterans Home - Post Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 590 S Pleasant View Rd Post Falls, ID 83854	
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406</p> <p>Based on interview, record review, and policy review, the facility failed to ensure one of three residents (Resident (R)23) reviewed for beneficiary notices out of a total sample of 23 residents received the Skilled Nursing Facility (SNF) Advanced Beneficiary Notice (ABN) of Non-Coverage form and/or the Notice of Medicare Non-coverage (NOMNC) form when skilled therapy was being discontinued. R23 had skilled days remaining and planned to remain in the facility. This failure did not allow R23/Representative to decide whether to continue with care that might not be paid for by Medicare and did allow for the option to file an appeal.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Medicare Part A and Part B Notification Process dated 06/17/24 and provided by the facility, stated the NOMNC or SNF/ABN would be delivered to the resident/representative by the Health Information staff at least two days prior to the last covered day. The Health Information staff was responsible for filling out the NOMNC and SNF/ABN forms.</p> <p>Review of R23's undated Admission Record, provided by the facility showed an admitted [DATE] with a primary diagnosis of dementia.</p> <p>Review of R23's Physician's Orders, dated 30/28/24 and provided by the facility, showed the physician ordered speech therapy, occupational therapy, and physical therapy evaluations and approved plans on this date.</p> <p>Review of the survey form SNF Beneficiary Notification Review, completed by the facility showed R23 was not issued the NOMNC or SNF/ABN form that advised the cost of skilled services if he desired to continue when Medicare discharged him from skilled services as well as information regarding filing an appeal. The form showed that the start date for Medicare Part A Skilled Services was 03/28/24 and the last covered day was 04/07/24. The form showed R23 was discharged from Medicare Part A Services when benefit days had not been exhausted. The documented rationale for not providing the forms was, .miscommunication/ confusion regarding LCD [last covered day].</p> <p>During an interview on 08/15/24 at approximately 2:30 PM, the Director of Nursing Services (DNS) stated the facility did not have the SNFABN or the NOMNC forms for R23 corresponding with the discontinuation of therapy on 04/07/24.</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: 135148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Idaho State Veterans Home - Post Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 590 S Pleasant View Rd Post Falls, ID 83854	
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/16/24 at 11:00 AM, the Health Information Specialist stated she received notification, typically from the therapy staff, when residents were being discontinued from Medicare Part A and Part B. The Health Information Specialist stated she prepared the SNF ABN and NOMNC forms and got the pertinent signatures, stating she attempted to give at least a two-day notice prior to the discontinuation of services. The Health Information Specialist stated she had been notified of R23's last covered Medicare day and then was told later the same day that the services for R23 would not end; based on that information, she did not prepare the SNF ABN or NOMNC forms. The Health Information Specialist stated she then learned later that R23's last covered day was on 04/07/24 as originally planned. The Health Information Specialist stated she did not understand at the time that she should have issued the notices even though they would have been late (less than two days prior to discontinuation of services). The Health Information Specialist stated she did not complete either notice (SNF ABN or NOMNC), did not provide the notices notice to R23 or his representative and did not communicate the information verbally to R23 or his Representative.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Idaho State Veterans Home - Post Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 590 S Pleasant View Rd Post Falls, ID 83854	
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** 15013</p> <p>15406</p> <p>39411</p> <p>Based on record review, interview, and facility policy review, the facility failed to ensure that two (Residents (R)36 and R39) reviewed for abuse out of 23 sampled residents were free from resident to resident abuse.</p> <p>Findings include:</p> <p>1. Review of R39's Profile tab of the EMR revealed he was admitted to the facility on [DATE] with diagnosis that included vascular dementia and cerebrovascular disease.</p> <p>Review of R39's quarterly MDS with an assessment reference date (ARD) of 06/12/24 located in the MDS tab of the EMR, revealed a BIMS score of 14 out of 15, indicating intact cognition.</p> <p>Review of R55's Profile tab of the EMR revealed he was admitted to the facility on [DATE] with a diagnosis that included Alzheimer's, dementia, and delirium. R55 was discharged to the hospital on 04/18/24 and did not return to the facility.</p> <p>Review of R55's MDS with an ARD of 04/18/24 and located in the MDS tab of the EMR, revealed a BIMS score of zero out of 15, indicating severely impaired cognition.</p> <p>Review of the facility investigation summary titled, Investigation into Allegations of Resident Abuse dated 03/08/24 provided by the Administrator, revealed a resident-to-resident allegation of physical abuse was reported on 03/04/24 involving R39 and R55. R39 reported that R55 had entered his room, accused R39 of stealing his truck and caused skin abrasions to his arm.</p> <p>During an interview on 08/13/24 at 8:44 AM R39 stated he didn't remember much about the incident between him and R55 other than R55 came into his room and tried to bother him. R39 stated that staff took care of everything, and nobody bothered him anymore. R39 stated that he was not hurt.</p> <p>During an interview on 08/13/24 at 10:00 AM Certified Nursing Assistant (CNA) 4 stated that he went in R39's room on 03/08/24 and R39 was laying on his back and holding R55 away from him, yelling to get R55 off him. CNA4 stated that he immediately calmed R55 down and escorted him out of the room. CNA4 stated the incident was immediately reported to the Administrator. CNA4 stated that R55 was known to wander, however was never aggressive before this incident. CNA4 stated that 15-minute checks were initiated on R55. There were no other incidents of resident to resident altercations from R55 until a month later (04/08/24).</p> <p>During an interview on 08/16/24 at 2:38 PM the Director of Nursing Services (DNS) confirmed the above incident with R55 and R39. She further stated that they have zero tolerance for abuse and they want all staff to protect the residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Idaho State Veterans Home - Post Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 590 S Pleasant View Rd Post Falls, ID 83854	
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>2. Review of the undated Admission Record provided by the facility revealed R36 was admitted to the facility on [DATE] with diagnoses including aphasia (language disorder affecting the ability to communicate) cerebral infarction (stroke) with hemiplegia (paralysis to one side of the body) and hemiparesis (weakness on one side of the body).</p> <p>Review of the quarterly MDS with an ARD of 06/23/23 in the EMR under the MDS tab showed R36 was moderately impaired in cognition.</p> <p>Review of the Investigation into Allegation of Resident Abuse initiated on 04/18/24, provided by the facility showed a resident-to-resident incident of abuse occurred on 04/18/24 at approximately 11:30 AM between R55 (aggressor) and R36 (victim). R36 was in the hallway on 04/18/24 when R55 grabbed R36's left arm and pulled it down and would not let go. R36 vocalized pain. The incident was witnessed and was documented as being unprovoked on the part of R36. R55 was redirected to his room to calm down. A police report was filed and R55's family member was notified. R55 was then emergently discharged from the facility to the hospital and did not return. X-rays were taken of R36's arm and were negative for physical injury.</p> <p>During an interview on 08/12/24 at 2:05 PM, R36 was interviewed by asking yes/no questions to which he responded by shaking his head yes or no. R36 shook his head up and down showing yes as the answer to the question of whether he had negative interactions with other residents.</p> <p>During a subsequent interview on 08/15/24 at 11:46 AM, R36 shook his head yes when asked if his previous negative resident interaction involved R55 grabbing and pulling his arm on 04/18/24. R36 shook his head yes when asked if it caused pain at the time the incident occurred, however denied any lasting injury by shaking his head no.</p> <p>During an interview on 08/14/24 at 8:28 AM, CNA7 revealed on 04/18/24 around lunch time she witnessed R55 grab R36's arm in the hallway. R55 was removed from the area and staff called 911 (emergency services).</p> <p>During an interview on 08/14/24 at 11:19 AM, the DNS stated R55's family had not been forthcoming when she screened R55 for admission to the facility. The DNS stated the family denied any aggression or assaultive behavior then later she found out R55's family had been dealing with it for a couple of years. The DNS stated, He [R55] hurt [R36]. The DNS stated there was only one previous incident of physical aggression by R55 towards another resident (R39) that occurred a month prior.</p> <p>Review of the facility policy titled Freedom from Resident Abuse, Neglect, Mistreatment and Exploitation revised 06/2021 revealed, Each resident has a right to be free from verbal, sexual, physical, and mental abuse; neglect; exploitation; mistreatment, including injuries of unknown source, misappropriation of resident property, involuntary seclusion, and crime against a resident. Further, each resident at the [Name of Facility] will be treated with dignity and respect.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Idaho State Veterans Home - Post Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 590 S Pleasant View Rd Post Falls, ID 83854	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15013</p> <p>Based on interviews, record review, and review of facility policy, the facility failed to notify the Ombudsman for one (Resident (R)24) of one resident reviewed for discharge. Specifically, the Ombudsman was never contacted and informed of R24's discharge plan.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Involuntary Transfers and Discharges, dated February 2023, documented no information related to notification of the Ombudsman of a resident's discharge to the Hospital in the policy.</p> <p>Review of R24's Face Sheet, found in the Electronic Medical Record (EMR), under the Profile tab documented an admitted [DATE], with medical diagnoses that included history of Urinary Tract Infections, Benign Prostatic Hyperplasia (an enlarged prostate gland, which can obstruct the outflow of urine), and Alzheimer's Disease.</p> <p>Review of R24's quarterly Minimum Data Set (MDS), found in the EMR under the MDS tab, with an assessment reference date (ARD) of 04/04/24, documented R24 had severe cognitive impairment.</p> <p>Review of R24's Progress Note, found in the EMR under the Progress Note tab, dated 07/03/24, documented R24 was sent to the Emergency Department via ambulance.</p> <p>Review of all Social Services Notes, found in the EMR under the Miscellaneous tab did not document any information that the Ombudsman was notified of R24's discharge to the hospital on 07/03/24.</p> <p>During an interview on 08/15/24 at 11:12 AM, the Social Worker said during her orientation at the facility, the other Social Worker provided her with the facility discharge forms and the facility policy on Transfer/Discharge. She said she was not aware she was to send notification to the Ombudsman when a resident was transferred to the hospital and therefore, did not notify the Ombudsman.</p> <p>During an interview on 08/15/24 at 9:42 AM, the Administrator said the Social Workers were responsible for notification of the Ombudsman when a resident was transferred to the Hospital. She said there was no notification of R24's discharge to the Ombudsman Office. The Administrator confirmed the current facility policy did not address the need to notify the Ombudsman.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Idaho State Veterans Home - Post Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 590 S Pleasant View Rd Post Falls, ID 83854	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15013</p> <p>Based on observations, interview, record review, and facility policy review, the facility failed to ensure residents who were dependent on staff for activities of daily living (ADL) assistance received services for one of three residents (Resident (R)23) reviewed for incontinence care in a total sample of 23 residents. This failure placed residents at risk for diminished self-worth, self-esteem, feelings of embarrassment, and/or medical issues.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled, Resident Care Guidelines documented .Noc Cares: Changing resident clothing as appropriate, washing face and hands if applicable., toileting/peri care as appropriate .</p> <p>Review of the facility's policy titled, Foley Cather Maintenance, dated 2/2023. documented .</p> <p>Empty bag into receptacle being careful not to contaminate spigot. Wipe after .</p> <p>Review of the facility's Investigation into Allegation of Resident Abuse report provided by the facility, dated 07/15/24 revealed the following: On 07/09/24 at approximately 8:00 AM, the Abuse Response Team (ART) was notified that Certified Nursing Assistant (CNA) 2 and CNA3 reported that on 07/09/24 at 6:20 AM, they observed R23 with dried bowel on his hands, cheek, neck, his brief was adhered to his skin by bowel, and they had to carefully remove his brief to not irritate his skin. They reported that CNA4 reported that CNA5 had provided cares to R23 at 5:15 AM.</p> <p>Review of R23's undated Face Sheet, found in the electronic medical record (EMR) under the Profile tab, documented R23 was admitted to the facility on [DATE] with diagnoses including dementia, kidney disease, neurogenic bladder (a number of urinary conditions in people who lack bladder control due to a brain, spinal cord or nerve problem), and uropathy (blockage in the urinary tract).</p> <p>Review of R23's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/02/24, found in the EMR under the Assessment tab, documented R23 had moderately impaired cognition, was incontinent of bowel function, had an indwelling catheter, and was dependent on staff for personal care and bowel incontinence.</p> <p>Review of R23's Care Plan, found in the EMR under the Care Plan tab, dated 07/03/24, documented R23 was incontinent of bowel function. Interventions included toilet upon rising, before or after meals, at bedtime, and on my request; every four hours at night if I am awake, monitor for incontinence of bowels, and use of adult incontinent products (briefs/pull ups).</p> <p>Review of R23's undated Kardex, provided by the Director of Nurses Services (DNS) stated two staff were to be present when providing cares to R23 on 07/08/24.</p> <p>Review of ADL documentation, provided by the DNS, dated 7/08/24, revealed R23 received indwelling catheter care and had no bowel movement.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Idaho State Veterans Home - Post Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 590 S Pleasant View Rd Post Falls, ID 83854	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/15/24 at 1:57 PM, the Director of Nursing Services (DNS) said when one unit was busy, a CNA from another unit would obtain the information from the CNAs on the unit and document the information for them. She said a CNA from another unit documented the information on R23 that night, which documented indwelling catheter care was given and R23 had no bowel movement. The DNS said although the CNAs were to document in real time, she said the information was documented prior to last rounds.</p> <p>During an interview on 08/12/24 at 12:28 PM, R23 had no recollection of any issues with care received at the facility and had no recall of the incident.</p> <p>During an interview on 08/13/24 at 6:15 PM, CNA4 said during the night shift, there is one CNA assigned to each unit. He said the CNA on the Caribou unit and Sawtooth units help each other during rounds. CNA4 said at approximately 2:00 AM, during rounds, R23 had no bowel movement. CNA4 said indwelling catheters are emptied during last rounds. CNA4 said during the night shift on 07/08/24 to 07/09/24 he and CNA5 started last rounds at 4:00 AM. He said he and CNA5 were doing rounds together in the resident rooms. He said they completed a check and change on a resident, and after coming out of the room, another resident had his call light on. CNA4 said he answered the call light, could not recall what the resident wanted, and assisted the resident. He said he was not sure how long he was in the resident's room. CNA4 said after coming out of the room, at approximately 5:15 AM, CNA5 said told him that both R23 and the resident in the next room were clean and their catheter bags had been emptied. He said this was at approximately 5:15 AM. He said he gave this information to the two CNAs assigned to the day shift. CNA4 said usually he and the CNA assigned on the other unit completed personal care on residents together. CNA4 said he did not check and provide any care to R23 during last rounds.</p> <p>During an interview on 08/13/24 at 3:17 PM with CNA2 and on 08/13/24 at 4:00 PM with CNA3, they said R23 was confused, was incontinent of bowel function, and had an indwelling catheter. CNA2 said on 07/09/24, she and CNA3 received report from CNA4 during the shift change hand off at 6:00 AM. CNA4 told them that CNA5 had provided care to R23 at 5:15 AM that included emptying his indwelling catheter bag, perineal care, and a clean brief. CNA2 and CNA3 said at approximately 6:20 AM, they entered R23's room, and he had dried feces on his sweater, legs, peri area, face, back, hair, and bed linens. CNA3 said the stool on R23 had not just occurred and had been on R23 for several hours. R23 also had dried feces on his mouth, chest, stomach, and caked stool on the catheter tubing and around the tubing insertion site at his penis, and his testicles were reddened from sitting in stool. CNA2 said it was difficult to remove the stool because the stool was stuck to his brief and skin. CNA2 said she asked him if anyone had cleaned him, and he did not answer. CNA2 said there was dried stool on the catheter tubing, and around his penis at the catheter insertion site. CNA3 said she was shocked at R23's condition. CNA3 said R23 appeared to have had the stool on him for several hours as all of the stool was dried and caked into his brief and skin. She said she and CNA3 used a lot of peri cleanser and warm water and soap to carefully take the brief off of R23 and provide personal care. CNA2 said R23 occasionally groaned during care, which was not unusual. CNA3 said they had to slowly and carefully remove R23's brief to provide care and gave R23 a complete bed bath that took 45 minutes. CNA2 said R23 had 1000 cubic centimeters (ccs) in his indwelling catheter bag, which she was told had been emptied at 5:15 AM. CNA2 said at the completion of care, at 8:00 AM, she and CNA3 reported the incident to the day nurse and the Nursing Manager.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Idaho State Veterans Home - Post Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 590 S Pleasant View Rd Post Falls, ID 83854	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/14/24 at 11:09 AM, Registered Nurse (RN) 1 said on 07/09/24, she came in to do the treatment to R23's right groin, which she usually completed after personal care. She said when she went into the room on 07/09/24, CNA2 and CNA3 were in the room providing personal care to R23. RN1 said R24 had a moderate amount of dried feces on his hands, face, and body. She said after the CNAs provided personal care, she completed the treatment to R23's right groin and there was no change in his excoriation. RN1 said she completed a skin assessment on R23 and there were no new skin concerns.</p> <p>Review of the facility's Investigation into Allegation of Abuse report further revealed the following information regarding the interview with CNA5 on 07/12/24. When CNA5 was asked if she provided care to R23, she said she was assigned to the other unit that night and could not recall that resident. She stated she recalled emptying urinary catheters on R23's unit, which she reported she completed. CNA5 said she and CNA4 completed cares for residents who needed checks and changes in pairs.</p> <p>The Surveyor was not able to interview CNA5 as the telephone number provided by the facility and the Agency was no longer</p> <p>CNA5's telephone number.</p> <p>Further review of the Investigation into Allegation of Resident Abuse report and interview with the DNS on 08/15/24 at 1:57 PM, revealed the Abuse Response Team, which consists of the Administrator, herself, the RN Manager, and Social Workers reviewed R23's clinical record and interviewed the staff, who provided care to R23 during the night shift and day shifts. The DNS said at least two rounds were to be completed during the night shift. The DNS said based on the day shift CNAs observations at 6:20 AM, R23's bowel movement had occurred prior to 5:15 AM, as the stool was dried. The DNS stated the Abuse Response Team validated neglect related to R23.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Idaho State Veterans Home - Post Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 590 S Pleasant View Rd Post Falls, ID 83854	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406</p> <p>Based on interview, record review, and policy review, the facility failed to ensure that one of two residents reviewed for insulin use (Resident (R)16) received nursing care and services to address hypoglycemia (low blood sugar) incidents. Specifically, there were instances in which R16's low blood sugars were either not rechecked or documented, and the Physician was not contacted according to the facility's hypoglycemia protocol. This created the potential for R16 to experience untreated hypoglycemia incidents putting her at risk for negative outcomes such as organ damage, coma, or death.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Hypoglycemia, dated February 2023 and provided by the facility stated hypoglycemia occurred when blood glucose (BG) was at or below 80.</p> <p>Review of the Hypoglycemia Treatment Reference, dated February 2023 and provided by the facility, directed in the event of a BG less than 70 without symptoms of hypoglycemia, that nursing staff 1. Give 15 grams (gm) of carbohydrate such as four ounces of orange juice, 2. Check BG in 15 minutes 3. Hold diabetic medications, and 4. Notify the Physician. For finger stick blood sugar (FSBS) levels less than 70, nursing staff were directed to document interventions in the nurses' note section of the medical record, and FSBS levels and diabetic medications were to be reviewed with the physician.</p> <p>Review of the undated Admission Record, provided by the facility, revealed R16 was admitted to the facility on [DATE] with diagnoses including type two diabetes mellitus.</p> <p>Review of the Annual Minimum Data Set (MDS) with an assessment reference date (ARD) of 03/22/24 located in the Electronic Medical Record (EMR) under the MDS tab revealed R16's cognition was intact. R16 received insulin six out of seven days during the assessment period.</p> <p>Review of current Physician's Orders, provided by the facility showed that R16 was prescribed Lantus (insulin glargine), inject 26 units subcutaneously (beneath or under the skin) two times a day for diabetes mellitus, hold for blood sugar (BS) of less than 115, initiated on 08/08/24. Prior to 08/08/24, the order was for 28 units of Lantus insulin to be injected twice a day.</p> <p>Review of the Care Plan, dated 04/13/23 and provided by the facility, showed a problem of disease diagnoses which included diabetes mellitus. The goal in pertinent part was for R16 to have no ill effects from BG levels. Interventions in pertinent part were monitoring BG per physician's orders, following hypoglycemia protocols, and notifying the physician of any hypoglycemia events.</p> <p>During an interview on 08/12/24 at 1:51 PM, R16 stated she was administered insulin daily. R16 stated she had been experiencing low blood sugar incidents and one day her BS, was pretty low. R16 stated she was given orange juice for low BS. R16 stated, I can tell if my blood sugar is low, I do not feel good.</p> <p>Review of the Medication Administration Record (MAR) for July 2023 and provided by the facility showed a morning BG level of 64 in the morning of 07/04/24. The Lantus insulin dose of 28 units was held per physician's orders.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Idaho State Veterans Home - Post Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 590 S Pleasant View Rd Post Falls, ID 83854	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Nurses' Orders - Administration Notes, dated 07/04/24 at 7:35 AM stated, Lantus Subcutaneous Solution, Inject 28 unit subcutaneously two times a day for DM Hold for BS < 115 . In the morning for diabetes If BG <80 mg/dl refer to the hypoglycemia reference guide . Asymptomatic, breakfast in front of patient with juice and sweetened coffee . There were no additional notes showing R16's BG was rechecked after eating breakfast or contacting the physician. Registered Nurse (RN)6 documented the Administration Notes.</p> <p>During an interview on 08/14/24 at 1:58 PM, RN6 stated if a resident's BG was low, she rechecked it after providing a snack or juice. RN6 stated she assessed the resident for signs and symptoms of hypoglycemia. RN6 stated she looked at the Physician's Orders for what to do after that. RN 6 stated she typically documented rechecking the BG under Vital Signs. The surveyor and RN 6 reviewed R16's BG in the EMR and there was no additional BG level documented on 07/04/24 in the morning after the BG level of 64 at 7:35 AM under Vital signs or in Nurses' Notes. RN6 stated R16's BG levels could be erratic and her BG was at times low in the morning. RN6 stated there was no documentation of R16's BG being rechecked and she stated she had not contacted the Physician regarding the BG of 64.</p> <p>Review of R16's MAR for August 2024 and provided by the facility showed a morning BG level of 58 in the morning of 08/04/24. The Lantus insulin dose of 28 units was held per physician's orders</p> <p>Review of Nurses' Orders - Administration Notes, dated 08/04/24 at 8:40 AM stated, Lantus Subcutaneous Solution, inject 28 unit subcutaneously two times a day for DM, Hold for BS < 115. AM Lantus held secondary to blood sugar of 58, snacks and juice given, recheck blood sugar WNL. There were no additional notes showing the physician was contacted on this date or what Resident 16's BG was when it was rechecked. RN5 documented the Administration Notes.</p> <p>During an interview on 08/16/24 at 1:42 PM, RN5 stated that she had checked R16's BG on 08/04/24 in the morning and it was low so she held the Lantus and rechecked the BG after R16 had a snack. RN5 and the surveyor reviewed the EMR, including Vital Signs, together and RN5 verified the second BG check was not documented. RN5 stated she was not sure what BG level prompted physician notification but she thought it was 60. The Hypoglycemia policy was reviewed and RN5 stated she had not been aware the threshold for physician notification was a BG of 70. RN5 stated the only symptom R16 exhibited when experiencing low BG was hunger. RN5 stated she had not contacted the physician on 08/04/24 but was educated by the Director of Nursing Services (DNS) that the physician should have been notified.</p> <p>During an interview on 08/16/24 at 12:26 PM, the DNS stated she came into the facility on Monday (08/5/24) and became aware of R16's BG of 58 on 08/04/24. The DNS stated she put in a secure message on 08/05/24, which went to R16's medical providers and nursing staff that documented R16's low BG of 58 on 08/04/24. The DNS stated the physician subsequently decreased R16's dose of Lantus from 28 units to 26 units twice daily on 08/08/24. The DNS stated she had educated RN5 about contacting the physician when BG levels required it, which was a level below 70.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Idaho State Veterans Home - Post Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 590 S Pleasant View Rd Post Falls, ID 83854	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/15/24 at 12:05 PM, the RN Manager stated if a resident had a BG below 70, the nurse should give four ounces of orange juice and recheck the BG in ten to 15 minutes. If it was still low, more orange juice should be administered and it should be rechecked in another ten to 15 minutes. The RN Manager stated if it was still low, the nurse should notify the physician. The RN Manager and surveyor reviewed the Hypoglycemia Treatment Reference, dated February 2023 and the RN Manager stated the physician should be notified of a BG less than 70 even if it the resident's BG came back to a normal level after administration of orange juice. The RN Manager stated the nurse should document a second BG check under Vitals in the EMR or it could be put into a progress note. The RN Manager stated the physician contact should be documented in a progress note.</p> <p>During an interview on 08/16/24 at 12:21 PM, the DNS stated she expected nursing staff to notify the provider if a BG level was below the established parameter of 70, hold the insulin and recheck the BG in 15 minutes. The DNS stated subsequent BG levels should be documented with the actual BG level and it should be done under Vitals or in a Nurse's Note.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Idaho State Veterans Home - Post Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 590 S Pleasant View Rd Post Falls, ID 83854	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406</p> <p>Based on interview, record review, and policy review, the facility failed to implement an antibiotic stewardship program that included antibiotic use protocols and a system to monitor antibiotic use. The facility's policy and protocols failed to address the duration of antibiotic use and address the prophylactic use of antibiotic medications. One of five residents reviewed for antibiotic medication use (Resident (R)4) failed to be assessed for continued antibiotic medication use by the nursing staff.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Antibiotic Stewardship Program, dated February 2023 and provided by the facility stated when a resident was admitted to the facility with an antibiotic medication the Infection Preventionist would be notified. The staff nurse would fill out the Infection Report and Criteria Checklist and put it in the Infection Preventionist Nurse's mailbox. The Infection Preventionist would evaluate the use of the antibiotic using the Infection Report and Criteria Checklist form and would evaluate for adverse reactions. The Infection Preventionist would report the findings during Quality Assurance meeting and Antibiotic Stewardship meetings with the goal of continuous monitoring and reduction of inappropriate antibiotic medication use.</p> <p>Review of the undated Profile, under the Resident tab of the electronic medical record (EMR) showed R4 was admitted to the facility on [DATE] with diagnoses including a urinary tract infection (UTI).</p> <p>Review of Physician's Orders, dated 01/04/24 and provided by the facility, showed R4 was admitted with an order for an antibiotic medication, Cephalexin, 250 milligrams (mg) once a day for prophylaxis of recurrent cystitis. There was no end date for the antibiotic medication and R4 continued to take the medication during the survey.</p> <p>The Infection Report and Criteria Checklist for Re4 was requested; it was not provided.</p> <p>Review of the undated, 2024 2nd Quarter Summary from QA (Infection Control) from the most recent quarterly Antibiotic Stewardship meeting showed six residents received prophylactic antibiotic medications in April 2024, five residents received prophylactic antibiotic medications in May 2024, and eight residents received prophylactic antibiotic medications in June 2024. No issues were identified under the category of Trending.</p> <p>Review of the undated Monthly Infection Control tracking provided by the facility showed there were seven residents receiving prophylactic antibiotic medications in July 2024 and seven in August 2024 (out of 54 total residents).</p> <p>During an interview on 08/15/24 at 2:43 PM, the Director of Nursing Service (DNS) stated she had been acting as the Infection Preventionist (IP) since the previous IP resigned about a month ago. The DNS stated that during the time she had been in charge, she had been out of the facility for three weeks. The DON verified the policy for antibiotic stewardship did not address the duration of antibiotic use as a factor to be evaluated and monitored.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Idaho State Veterans Home - Post Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 590 S Pleasant View Rd Post Falls, ID 83854	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 08/16/24 at 12:40 PM, the DNS stated infections were reviewed in daily Quality Assurance (QA) meetings and the facility did tracking and trending to identify patterns. The DNS stated if a resident had a UTI, the facility reviewed the culture and sensitivity report and compared them. The DNS stated the infection control documentation included an overview of infections, maps with location, and summaries per unit with the name of medications prescribed. The DNS stated the type of pathogen had not been tracked by the previous IP; however, this was something she would track to identify trends. The DNS stated there was no Infection Report and Criteria Checklist completed for R4 and verified there was a lack of the IP's evaluation of R4's antibiotic use. The DNS stated the Infection Report and Criteria Checklist corresponded with McGreer's guidance regarding antibiotic use criteria. The DNS stated R4 had been on the prophylactic antibiotic Cephalexin since she was admitted to the facility. The DNS stated two urinalysis labs had been ordered in May 2024 due to R4 having a change in cognition; however, the urinalysis reports in May 2024 did not warrant a follow up Culture and Sensitivity (C & S) report be completed because UTIs were not identified. The DNS stated there were currently seven residents out of a total census of 54 residents that received prophylactic antibiotic medications without stop dates being identified.</p> <p>During an interview on 08/16/24 at 5:01 PM, the DNS stated she attended the quarterly QAPI and Antibiotic Stewardship meetings, also called the Pharmacy and Therapeutic meeting. The DNS verified the prophylactic antibiotic use of seven to eight residents monthly since June 2024 and showed the surveyor the documentation from the previous two quarters with the monthly prophylactic antibiotic use by resident. The DNS confirmed the resident census from May 2024 through current was about 52 - 54 residents. The DNS stated the facility was within their desired percentage and under their goal for infection rate. The DNS stated the facility did not have any goals or criteria for comparing the rate of prophylactic antibiotic use. The DNS stated she did not view the current prophylactic antibiotic use as problematic and it had not been identified through QAPI or the quarterly Antibiotic Stewardship meetings as a concern.</p> <p>During an interview regarding the facility's (QAPI) program on 08/16/24 at 3:45 PM, the Administrator stated the prophylactic use of antibiotic medications seemed high and she was planning to discuss the issue with the DNS and the Medical Director.</p>		