| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135006 | A. Building<br>B. Wing | 01/23/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| St Luke's Elmore Long Term Care | 895 North 6th East<br>Mountain Home, ID 83647 |

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 0554<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Allow residents to self-administer drugs if determined clinically appropriate.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and staff interview, it was determined the facility failed to ensure a resident who was self-administering a medication was assessed to effectively do so. This was true for 1 of 1 resident (Resident #4), whose record was reviewed for self-administration of medications assessment. This failure placed Resident #4 at risk for adverse outcomes if she were to use the medication inappropriately. Findings include: Resident #4 was admitted to the facility on [DATE] with multiple diagnoses including leukemia and rheumatoid arthritis. On 1/22/26 at 8:34 AM, RN #1 was observed setting the single use vial of cyclosporine eye drops on Resident #4's bedside table and let her know she could use them whenever she wanted and to let him know later. On 1/22/26 at 9:44 AM, The Interim DNS stated Resident #4 had been observed by staff to appropriately self-administer her eye drops, but the facility did not perform or document a self-administration of medication assessment. |

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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| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, it was determined the facility failed to ensure resident assessments accurately reflected their diagnoses and specialized services. This was true for 2 of 8 residents (#1 and #5) whose Minimum Data Set (MDS) Assessments were reviewed. This failure placed Resident #1 and #5 at risk for adverse outcomes if their needs were to go unmet. Findings include:The MDS Assessment is a core set of screening, clinical, and functional status elements, including common definitions and coding categories, which forms the foundation of a comprehensive assessment for all residents of nursing homes certified to participate in Medicare or Medicaid. 1. Resident #1 was admitted to the facility on [DATE] with multiple diagnoses including dementia, Parkinson's disease, kidney failure, and obstructive sleep apnea. On 1/20/26 at 2:25 PM the Interim DNS stated Resident #1 had never needed an invasive mechanical ventilator (a tube inserted into your airway through intubation or a surgical opening called a tracheostomy so a machine can breathe for you) for his respiratory care and stated he currently used a CPAP machine (a continuous positive airway pressure is a machine that uses mild air pressure to keep breathing airways open while you sleep).Resident #1's Quarterly MDS Assessment, dated 11/1/25, at item F1 in Section O, documented yes, documenting that Resident #1 used an invasive mechanical ventilator.On 1/22/26 at 3:54 PM the MDS Coordinator/ Patient Assessment Coordinator, stated Resident #1 used CPAP and did not have an invasive mechanical ventilator. She stated she marked item F1 in Section O of Resident #1's MDS as yes in error. 2. Resident #5 was admitted to the facility on [DATE] with multiple diagnoses including heart disease, bipolar disorder, depression, and anxiety. Resident #5's record included an Abbreviated Level 2 PASRR (a Pre-admission Screening and Resident Review is a federal required process that is designed to, among other things, identify evidence of serious mental illness and/or intellectual or developmental disabilities (ID/DD) in all individuals seeking admission to a skilled-nursing facility), dated 12/10/25. The Abbreviate PASRR Level 2 documented at item 33 Individual has a current diagnosis of severe mental illness per PASRR criteria and documented her diagnoses of bipolar disorder, depression, and anxiety. Resident #5's Admissions MDS Assessment, dated 12/17/25 documented no at item A1500, Is the resident currently considered by the state Level 2 PASRR process to have a serious mental illness and/or intellectual disability or a related condition? On 1/22/26 at 4:03 PM, the MDS Coordinator stated she was not aware about #33 on the PASRR Level 2 form needing to be reflected on the MDS and Resident #5's Admissions MDS was not accurate because of this. |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, it was determined the facility failed to ensure a resident's care plan was comprehensive. This was true for 1 of 8 residents (Resident #5) whose care plans were reviewed. This failure placed Resident #5 at risk for her mental health needs to go unmet because her mental health diagnoses were not included in her care plan. Findings include:Resident #5 was admitted to the facility on [DATE] with multiple diagnoses including heart disease, bipolar disorder, depression, and anxiety. Review of Resident #5's comprehensive care plan did not document her bipolar disorder, anxiety, and/or depression diagnoses or interventions for how staff were to care for her mental health needs. On 1/22/26 at 4:28 PM, the Resident Service Advocate, stated Resident #5's care plan did not have her bipolar disorder, depression, and anxiety disorders in her comprehensive care plan, and they were excluded in error. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, staff interview, and the FDA Food Code, the facility failed to ensure food was stored, prepared, and served under sanitary conditions to prevent contamination and ensure food was safe and unadulterated. These failures had the potential to expose residents to foodborne illness. Findings include:Food Code 3-101.11 stated food should be safe, unadulterated, and honestly presented.1.On 1/20/26 at 9:19 AM, during a brief kitchen tour a container of soft strawberries with fuzzy white substances was observed in the front kitchen fridge where fresh produce and snacks were stored.On 1/20/26 at 9:20 AM, the Food Service Manager stated the facility goes by visibility and if the produce appears spoiled, they will dispose of it. She confirmed the dietary staff should have disposed of the strawberry container.2. Food Code 3?302.11 - Separation and Protection documents ready to eat foods must be protected from cross?contamination during preparation and service.Food Code 4?501.112 / 4?601.11 - Clean and Sanitized Food?Contact Surfaces documented food?contact surfaces (including gloves) must be clean and sanitary before contacting ready to eat food.On 11/23/26 at 11:40 AM, during a tray line observation, [NAME] #1 was observed preparing resident meal trays and reviewing dietary requests according to resident preferences. During preparation of one tray, [NAME] #1 left his workstation to obtain a serving of sorbet. He returned to the tray line without performing hand hygiene or changing gloves. Upon returning, [NAME] #1 immediately turned toward a plate, picked up a dinner roll with the same gloved hand, and placed it onto a resident's tray. He then placed the heat cover on the plate and proceeded to the next tray.As the tray line observation continued [NAME] #1 was later observed turning around and opening the refrigerator door to obtain a bowl of fresh fruit with his gloved hand. After placing the fruit bowl on the tray, he again turned around and retrieved a dinner roll with the same gloved hand that had contacted the refrigerator handle and other surfaces.On 11/23/26 at 11:57 AM, the Food Service Manager stated she was not concerned about [NAME] #1 touching other surfaces while handling ready?to?eat food. She also acknowledged that touching additional surface areas does increase the risk for cross?contamination. |

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| F 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview, the facility failed to ensure resident records were safeguarded to prevent unauthorized access. This failure had the potential to allow misuse or disclosure of resident information. Findings include:On 01/20/26 at 9:40 AM, a medication cart was observed in the hallway in front of room [ROOM NUMBER]. The medication cart contained a laptop that was logged into the electronic medical record system, displaying access to multiple resident records. No staff member was present at the cart at the time of the observation.On 01/20/26 at 9:45 AM, the Interim Director of Nursing stated the expectation is that resident records are to remain secured to prevent unauthorized access. |