STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135010	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weiser Care of Cascadia	331 East Park Street Weiser, ID 83672

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, policy review, resident and staff interview, it was determined the facility failed to provide a clean, comfortable, sanitary, and homelike environment when trash and laundry services were not provided. This was true for 2 of 15 residents (#5 and #7) reviewed for frequency of laundry and housekeeping services. This deficient practice created the potential for psychosocial harm if residents' laundry and trash were not cleaned creating an unwelcome and unsanitary environment for residents and/or their visitors. Findings include:The facility's policies, Homelike Environment, revised 9/17/25, and Housekeeping & Laundry Services, dated 10/8/25, documented residents have the right to a safe, clean, comfortable, and homelike environment which promotes dignity, independence, and quality of life. Additionally, the facility should maintain a sanitary, orderly, and comfortable interior environment at all times, and housekeeping and laundry services are essential to a resident safety, dignity, and quality of life.The facility's daily cleaning task list documented staff are to empty trash cans, dust and check the floor, and wet mop the floor in each resident room.Resident #5 was admitted to the facility on [DATE] with multiple diagnoses including diabetes, epilepsy, and muscle weakness.Resident #7 was admitted to the facility on [DATE] with multiple diagnoses including dementia, legal blindness, post-traumatic stress disorder (PTSD), and Bell's palsy (a condition that temporarily weakens or paralyses facial muscles).On 2/17/26 at 2:41 PM, it was observed in Resident #5 and #7's room, two trash cans were overfilled with garbage, a dirty paper towel or toilet tissue was on the floor in front of the resident's closet, a drawer had been broken with the outer section stuffed into the drawer area, and the pillowcase on Resident #7's bed was visibly soiled with brown residue. On 2/17/26 at 2:48 PM, Resident #5 and Resident #7 stated they were not sure when housekeeping had last cleaned their room. Resident #7 further stated he was not sure when facility staff had cleaned his bed linens.On 2/20/26 at 2:46 PM, the Maintenance Director stated the expectation was the housekeeping staff clean resident's rooms daily and Resident #5 and #7's room had not been cleaned.

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, policy review, and staff interviews, it was determined the facility failed to provide a required 30?day written notice of discharge for 1 of 1 residents (Resident #58) reviewed for discharge process. This failure created the potential for psychosocial harm when Resident #58 received a verbal notice and subsequently chose to leave the facility against medical advice. Findings include:The facility's Notice of Discharge and/or Transfer Policy, dated 10/7/25, documented the facility ensures that systems are implemented to provide a written notification to the residents prior to transfer.Resident #58 was admitted to the facility on [DATE] with multiple diagnoses including bipolar disorder, obstructive sleep apnea, and a need for assistance with personal care.Resident #58's care plan, dated 10/23/25, documented he was an independent smoker and had been educated on the facility's smoking policy.A progress note dated 10/29/25 at 10:53 AM, documented Resident #58 was educated on appropriate smoking areas and informed that if he was not compliant, he would be issued a 30?day written notice as required by policy and regulation.A progress note dated 10/29/25 at 5:10 PM, documented Resident #58 was issued a 30?day notice due to smoking on facility grounds. The note did not reference a written notice was provided.A progress note dated 10/29/25 at 5:40 PM, documented Resident #58 requested to leave the facility against medical advice.Resident #58's record included the following:A discharge assessment, unsigned by Resident #58.An acknowledgment of risk for leaving the facility against medical advice signed by Resident #58.Resident #58's record did not include documentation of a written 30?day discharge notice.On 2/20/26 at 11:01 AM, the Administrator and the Resource Nurse stated the facility was unable to provide documentation a written 30-day discharge notice was provided to Resident #58.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, policy review, and staff interviews, it was determined the facility failed to provide a PASRR level II to the designated state agency. This was true for 1 of 1 residents (Resident #7) whose record was reviewed for PASRR documentation. This deficient practice created the potential for harm if Resident #7's coordination of care was not completed between the facility and the designated state agency, with interventions appropriately documented in Resident #7's care plan. Findings include:The facility's PASRR Process policy, revised 8/29/25, documented a positive PASRR Level I, necessitates an in-depth evaluation of the individual by the state-designated authority, known as a PASRR Level II. Recommendations from the PASRR Level II determination are to be incorporated into the person-centered care plan.Resident #7 was admitted to the facility on [DATE] with multiple diagnoses including dementia and PTSD.A PASRR Level I, dated 8/13/25, documented Resident #7's diagnoses of dementia and PTSD, and referred him for further evaluation through the PASRR Level II. On 2/19/26 at 11:47 AM, the SA requested the facility provide a copy of Resident #7's PASRR Level II. The facility did not provide a PASRR Level II for Resident #7.On 2/19/26 at 3:22 PM, the Medical Records Manager stated it was her responsibility to complete the resident's PASRRs, and she was instructed to submit a PASRR Level II only if there were psychiatric medications listed. The Medical Records Manager confirmed Resident #7's PASRR Level I from 8/13/25 should have been forwarded for a PASRR Level II review.

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F 0656 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, policy review, and staff interview, it was determined the facility failed to implement the comprehensive person?centered care plan according to the resident's identified needs. This was true for 1 of 15 residents (Resident #42) reviewed for comprehensive care planning. This failure created the potential for harm when Resident #42 was not monitored for signs and symptoms of withdrawal as directed in the care plan. Findings include:The facility's Resident Assessment Instrument (RAI) and Comprehensive Care Plans Policy, revised 9/3/25, documented the care plan is developed consistent with the resident's specific condition, risks, needs, behaviors, cultural preferences, and standards of practice.Resident #42 was admitted to the facility on [DATE] with multiple diagnoses including other stimulant use, depression, and nutritional deficiency.Resident #42's care plan, revised 10/13/25, directed staff to monitor and document for potential signs of withdrawal, including:respiratory distresscardiac decompensationnausea/vomitinganxietyhostilitybloodshot eyespinpoint pupilsdiaphoresis (excessive sweating)A review of Resident #42's medical record did not include documentation that staff monitored for signs or symptoms of withdrawal as directed in the care plan.On 2/20/26 at 10:54 AM, the Resource Nurse confirmed Resident #42's record did not include monitoring for withdrawal symptoms.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and staff interview, it was determined the facility failed to ensure a medication was administered according to professional standards of practice. This was true for 1 of 8 residents (Resident #29) observed during medication administration. This deficient practice created the potential for Resident #29 to develop Candida albicans infection in her mouth (oral thrush - a fungal infection characterized by painful, creamy white, cottage cheese-like patches on the tongue, inner cheeks or throat) when she did not rinse her mouth with water after inhaling her steroid medication. Findings include:The Symbicort (an inhaler containing corticosteroid) Prescribing Information under Warning and Precautions documented Localized infections: Candida albicans infection of the mouth and throat may occur. Monitor patients periodically for signs of adverse effects on the oral cavity. Advise the patient to rinse his/her mouth with water without swallowing after inhalation to help reduce the risk.Resident #29 was admitted to the facility on [DATE] with multiple diagnoses including asthma.A physician's order dated 11/24/25, documented Resident #29 was to receive Symbicort Inhalation (Budesonide-Formoterol Fumarate Dihydrate) two puff inhale orally two times a day related to moderate persistent asthma, rinse mouth with water and spit after use.On 2/18/26 at 3:46 PM, LPN #1 handed the Symbicort inhaler to Resident #29. Resident #29 shook the inhaler and took two puffs orally and gave back the inhaler to LPN #1. LPN #1 told Resident #29 she would get her some water. Resident #29 stated she did not need the water. LPN #1 left Resident #29 without educating her regarding the importance of rinsing her mouth after inhaling her Symbicort inhaler.On 2/18/26 at 4:07 PM LPN #1 stated Resident #29 did not want the water. When asked if Resident #29 should have been educated regarding rinsing her mouth after taking her inhaler orally, LPN #1 stated Yes, and I did not. On 2/19/26 at 12:39 PM, the Resource Nurse together with the DON stated Resident #29 should have been educated to rinse her mouth after using her inhaler orally.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, policy review, and staff interview, it was determined the facility failed to ensure smoking paraphernalia was stored in a safe location for 2 of 3 residents (#6 and #42) reviewed for smoking. This failure created the potential for harm when Resident #6's smoking assessment was not accurate and when Resident #42 was observed sleeping in her bed while holding a vape device. Findings include:The facility's Non?Smoking Campus Policy, revised 9/12/25, documented the facility maintained a smoke?free environment to promote the health, safety, and comfort of residents, staff, visitors, volunteers, and contractors. The policy stated that smoking is not permitted anywhere on the premises, including buildings, grounds, and parking areas, and applied to cigarettes, cigars, pipes, e?cigarettes, and vaping devices.1. Resident #6 was admitted to the facility on [DATE] and readmitted on [DATE], with multiple diagnoses including kidney disease, diabetes, COPD (a progressive, treatable, but generally irreversible lung disease characterized by persistent, limited airflow), congestive heart failure (a chronic, progressive condition where the heart muscle is too weak or stiff to pump blood efficiently, causing fluid to back up into the lungs, legs, and abdomen), and asthma. Resident #6's care plan dated 1/8/26, documented Resident #6 was an independent smoker who could smoke when off the facility's property as she desires. Nursing progress notes dated 1/15/26, documented Resident #6 was assessed as a Dependent/Assisted smoker and to review the evaluation. A smoking assessment dated [DATE], documented Resident #6 was a dependent smoker and required assistance, but she could keep her smoking accessories locked in her room. On 2/17/26 at 10:15 AM, the Administrator stated the facility was a non-smoking facility, but residents' who chose to smoke off-campus/off-property were assessed to see if they were safe to smoke independently or were dependent on staff assistance to smoke safely. On 2/19/26 at 4:48 PM, the DON stated Resident #6's smoking assessment from 1/15/26 was not accurate as Resident #6 was an independent smoker. 2. Resident #42 was admitted to the facility on [DATE] with multiple diagnoses including other stimulant use, depression, and nutritional deficiency. Resident #42's care plan, revised 10/15/25, documented she was an independent smoker and had been educated on the facility's smoke/nicotine use policy. A Smoke?Free Acknowledgment was located in Resident #42's record documenting the facility's smoke?free policy and expectations. On 2/18/26 at 10:35 AM, Resident #42 was observed lying on her bed asleep with a vape device in her right hand. On 2/20/26 at 12:10 PM, the DON stated she was not aware that Resident #42 was using a vape. The DON confirmed Resident #42 was an independent smoker but stated the expectation is that all smoking paraphernalia be stored safely.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on record review, policy review, and staff interview, it was determined the facility failed to ensure the physician responded to the pharmacists' recommendation. This was true for 1 of 6 residents (Resident #48) reviewed for unnecessary medications. This created the potential for Resident #48 to develop Candida albicans infection in his mouth (oral thrush - a fungal infection characterized by painful, creamy white, cottage cheese-like patches on the tongue, inner cheeks or throat). Findings include:The facility's Pharmacist Consultation Policy revised 9/16/25, documented irregularities were reported to the provider, and the provider will provide documentation of accepting or rejecting recommendations with documentation present in the medical record.The Symbicort (an inhaler containing corticosteroid) Prescribing Information under Warning and Precautions documented Localized infections: Candida albicans infection of the mouth and throat may occur. Monitor patients periodically for signs of adverse effects on the oral cavity. Advice the patient to rinse his/her mouth with water without swallowing after inhalation to help reduce the risk.A physician's order dated 9/26/25, documented Resident #48 was to receive Budesonide (Symbicort) inhalation orally two times a day related to chronic obstructive pulmonary disease.A Consultation Report dated 11/11/25, documented the Pharmacist's comment Please consider adding rinse mouth out and spit after use to budesonide 0.5mg/2 ml give one neb (nebulizer) PO BID for COPD. There was no documentation the physician responded to the pharmacist comment. A handwritten Standard of Care was noted at the bottom of the Consultation Report.Review of Resident #48's record did not show the physician's order for his Budesonide inhaler was updated with the pharmacist's recommendation.On 2/20/26 at 2:04 PM the DON stated the expectation for the nurses was to advise residents to rinse their mouth after inhaling a steroid inhaler. The DON stated the physician's order was not updated, it was a pharmacist recommendation. She added, nurses were trained in the standard of practice. The DON stated that going forward we will probably add the pharmacist recommendation just to remind the nurses as it was the best practice.Cross reference F658.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident’s drug regimen must be free from unnecessary drugs. **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 medication regimen was free from unnecessary medications. This was true for 1 of 6 residents (Resident #8) whose medication regimens were reviewed for unnecessary medications. This failure placed Resident #8 at risk for adverse outcomes from overmedication when he was receiving nicotine patches, had an order for nicotine gum, and was smoking cigarettes. Findings include: Resident #8 was admitted to the facility on [DATE] with multiple diagnoses including incomplete quadriplegia (a spinal cord injury which causes paralysis in all four limbs but leaves some voluntary motor or sensory function below the injury level) and COPD. Resident #8's EHR documented he was assessed for independence with smoking on 1/15/26 and 2/11/26. Resident #8's physicians orders documented the following:- Nicotine Transdermal Patch 24 Hour 14 MG/24HR, Apply 1 patch transdermally one time a day for Nicotine, Make sure to remove old patch before placing new patch -Start Date- 1/8/26 -Discontinue Date- 2/17/26- Nicotine Polacrilex Mouth/Throat Gum 4 MG, Give 1 gum by mouth every 3 hours as needed for nicotine craving -Start Date- 1/7/26 -Discontinue Date- 2/17/26 Resident #8's MAR documented his nicotine patch was administered . On 2/20/26 at 2:50 PM, the DON stated Resident #8 was an infrequent smoker. She added, the facility could not provide documentation Resident #8 smoked infrequently while he still using the nicotine patches and had an order for nicotine gum.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, policy review, and resident and staff interviews, it was determined the facility failed to ensure medications were safely stored when unattended by staff. This was true for 1 of 1 resident (Resident #18) whose medications were observed in his room. This deficient practice created the potential for harm if the medications were taken by another resident. Findings include:The facility's Medication Storage & Labeling policy released 10/13/25, documented the facility will ensure that medications were stored and labeled in accordance with CMS regulations, state law, and acceptable professional principles to ensure safety, efficacy, and compliance. The policy stated for general medications: Store in locked compartments (cabinets, carts, medication room).Resident #18 was admitted to the facility on [DATE] with multiple diagnoses including myocardial infarction (heart attack) and diabetes.A Comprehensive MDS assessment dated [DATE], documented Resident #18 was cognitively intact.On 2/17/26 at 11:05 AM, Resident #18 was awake in bed. A seven-day pill container containing white and blue tablets was observed on top of his bedside table. When asked about the pill container Resident #18 did not answer.On 2/17/26 at 1:52 PM, LPN #2 asked Resident #18 if he knew the medications inside the pill container, Resident #18 stated No. When asked if he had taken any of the medications from the pill container, Resident #18 stated he did not take any of the medications from the pill container since the staff were administering his medications. LPN #2 informed Resident #18 she would take the pill container from his room. LPN #2 stated Resident #18 should not be keeping the pill container containing the medications in his room.On 2/19/26 at 12:33 PM, the DON and the Resource Nurse stated the pill container with medication inside should not be in Resident #18's room.

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F 0848 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide a neutral and fair arbitration process and agree to arbitrator and venue. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure the facility's Arbitration Agreement signed by the residents included the selection of venue that was convenient to both parties. This was true for 2 of 3 residents (#40 and #48) whose arbitration agreements were reviewed. This deficient practice created the potential for residents not to attend the arbitration process to resolve the dispute due to inconvenience of the venue. Findings include:1. Resident #40 was admitted to the facility on [DATE] and signed the Arbitration Agreement on 8/26/25.2. Resident #48 was admitted to the facility on [DATE] and his representative signed the Arbitration Agreement on 9/19/25.Resident #40 and Resident #48's Arbitration Agreement documented the following, An arbitration hearing arising under this Arbitration Agreement shall be held in the county where the Facility is located before a board of three arbitrators, selected from the American Arbitration Association (AAA).On 2/19/26 at 11:36 AM, the admission Coordinator reviewed Resident #40 and #48's Arbitration Agreements. The admission Coordinator printed the facility's updated Arbitration Agreement which stated, An arbitration hearing under this Arbitration Agreement shall be held in a mutually agreed upon venue that is convenient to both parties before the board of three Arbitrators, selected from the American Arbitration Association. The admission Coordinator stated Resident #40 and Resident #48's should have been asked to sign the new Arbitration Agreement when the facility updated the arbitration agreement.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, policy review, and staff interviews, it was determined the facility failed to ensure infection control practices were followed for hand hygiene during housekeeping tasks, hand hygiene during medication administration, and safe infection?control practices in the laundry room. This failure affected all residents who receive medications and laundry services and created the potential for adverse outcomes related to cross?contamination. Findings include:The facility's Hand Hygiene policy revised 9/15 25, documented hand hygiene was recognized as a cornerstone of effective infection control and was essential in preventing the transmission of healthcare-associated infections. All healthcare workers should perform hand hygiene at critical moments during resident care. These moments include but are not limited to:Immediately before and after touching a resident.After contact with objects and surfaces in the resident's environment.Immediately after PPE removal (gloves, gowns, eye protection, face mask).1. On 02/17/26 at 11:09 AM, the Maintenance Director was observed arriving at room [ROOM NUMBER]. He applied gloves, knocked on the door, announced himself, and entered the room holding a cleaning rag. He used the rag to wipe down frequently touched surfaces in the resident's room. He then returned to the housekeeping cart, placed the rag in the cart, and retrieved a broom. He swept the resident's room and returned the broom to the cart. The Maintenance Director was then observed repositioning the housekeeping cart and using a set of keys to access toilet?cleaning supplies. After cleaning the toilet, he returned the supplies to the cart and retrieved an aerosol bottle, which he also returned to the cart after use. He then took a wet mop and mopped the resident's floor. After returning the mop to the cart, he removed his gloves and proceeded to the next room. The Maintenance Director knocked on the door of room [ROOM NUMBER], announced himself, returned to the cart, applied a new pair of gloves, and re?entered the room to begin cleaning. No hand hygiene was observed between removing gloves after cleaning room [ROOM NUMBER] and applying new gloves before entering room [ROOM NUMBER]. On 02/17/26 at 11:25 AM, the Maintenance Director, stated he normally performs hand hygiene before he applies clean gloves but acknowledged he did not perform hand hygiene to prevent cross?contamination. 2. On 2/20/26 at 2:49 PM, during a laundry room inspection, the Maintenance Director explained the laundry workflow. He stated that dirty laundry is placed on the designated dirty side of the laundry room, where staff sort the items and place them into the washer. After washing, the laundry is moved to the clean side of the laundry room to be dried. He stated staff then fold the clean laundry and load it into the clean laundry cart for return to residents. On 2/20/26 at 2:54 PM, when asked about the use of personal protective equipment (PPE) while sorting dirty laundry, the Maintenance Director stated that laundry staff do not use PPE during sorting. The Maintenance Director and the Administrator both confirmed that there is a high risk for cross?contamination when staff handle dirty laundry without PPE and then move to the clean side of the laundry room to fold clean clothing. 3. On 2/18/26 at 3:30 PM, LPN #1 took the key from her pocket to open her medication cart and prepared Resident 6's medications. She then went to Resident #6's room to administer her medications. LPN (continued on next page)

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Weiser Care of Cascadia	331 East Park Street Weiser, ID 83672

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	#1 was not observed to perform hand hygiene before preparing Resident #6's medications. LPN #1 was also not observed to perform hand hygiene before entering and after exiting Resident #6's room. On 2/18/26 at 3:37 PM, LPN #1 prepared Resident #29's medications and placed them in a medication cup. LPN #1 then went to medication room and took Glucerna (a nutritional product designed for people with diabetes). LPN #1 went back to her medication cart and transferred 8 oz of Glucerna to a cup and took a straw. LPN #1 was not observed to perform hand hygiene before preparing Resident #29's medications. On 2/18/26 at 3:51 PM, LPN #1 took a pitcher and went to the medication room to fill the pitcher with water. LPN #1 went back to her medication cart and prepared Resident #14's medications. She then went to Resident #14's room and administered her medications. LPN #1 was observed to touch the pitcher, doorknob of the medication room, and the key to her medication cart. LPN #1 was not observed to perform hand hygiene before preparing the medications, and before entering and exiting Resident #14's room. On 2/18/26 at 4:10 PM, LPN #1 stated hand hygiene should be performed before and after exiting resident's room. LPN #1 also stated she should have performed hand hygiene before preparing the resident's medications. On 2/20/26 at 9:31 AM, the IP stated hand hygiene should be performed before entering and after exiting the resident's room and hygiene should also be performed before preparing resident's medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135010	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weiser Care of Cascadia	331 East Park Street Weiser, ID 83672

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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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, policy review, and staff interview, it was determined the facility failed to ensure its Antibiotic Stewardship practices were followed by initiating antibiotic therapy without obtaining culture and sensitivity results to guide appropriate treatment. This was true for 1 of 1 residents (Resident #17) reviewed for antibiotic stewardship. This failure created the potential for inappropriate antibiotic use and development of antibiotic?resistant organisms. Findings include:The facility's Antibiotic Stewardship Policy, revised 6/16/25, documented the facility focused on improving antibiotic use through an Antibiotic Stewardship Program to ensure appropriate antibiotic usage, promote therapeutic and cost?effective care, and reduce the likelihood of developing multi?drug?resistant organisms. The policy also documented that the facility utilized McGeer's Criteria to validate infections and routinely reviews culture and sensitivity reports as part of infection surveillance.The Revised McGeer's Criteria for urinary tract infection (UTI) without an indwelling catheter require both of the following be present:1. At least one clinical sign or symptom, such as:Fever, rigors, or new?onset hypotension (low blood pressure) with no alternate site of infectionAcute change in mental status or functional decline with leukocytosis (extremely high white blood cell counts.)New?onset suprapubic pain or costovertebral angle tenderness (pain elicited at the angle formed by the 12th rib and spine) Purulent discharge or acute pain/swelling of the testes, epididymis (inflammation of the coiled tube at the back of the testicle that stores and carries sperm) or prostate2. At least one microbiologic criteria, such as:? 10? cfu/mL of no more than two organisms in a voided urine sample? 10^2 cfu/mL of any organism in a catheterized specimenResident #17 was admitted to the facility on [DATE] with multiple diagnoses including muscle weakness, lower back pain, and a need for assistance with personal care.Resident #17's care plan dated 12/29/25, directed staff to monitor, document, and report signs and symptoms of urinary tract infection to the provider as needed.Resident #17's record included a laboratory report documenting a urine specimen collected on 1/8/26 at 4:07 PM and received by the laboratory on 1/8/26 at 10:49 PM. The report indicated a culture and sensitivity test would be completed.A nursing progress note dated 1/9/26 at 6:49 PM, documented the provider was informed Resident #17's urine was positive with bacteria, and an order was received for Rocephin 1 gram via intramuscular injection for 7 days (an antibiotic). The note also documented the facility was still waiting for the culture and sensitivity results.A laboratory report dated 1/14/26 at 8:38 AM, documented the culture and sensitivity was cancelled due to no sample to perform the test.On 2/20/26 at 10:56 AM, the ADON stated the facility had been using McGeer's Criteria but had since transitioned to the Loeb Criteria. She confirmed the provider ordered antibiotic therapy before the culture and sensitivity results were available to determine appropriate therapy.