

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135018	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2025
NAME OF PROVIDER OR SUPPLIER Monte Vista Hills Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1071 Renee Avenue Pocatello, ID 83201	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview, it was determined the facility failed to ensure resident's privacy was maintained during personal cares. This was true for 1 of 1 resident (Resident #39), when staff were providing personal cares in resident rooms. This deficient practice placed residents at risk of embarrassment and diminished sense of self-worth. Findings include: Resident #39 was admitted to the facility on [DATE], with multiple diagnoses including Ataxic Cerebral Palsy (caused by injury to the brain controlling balance and coordination), schizoaffective disorder (hallucinations/delusions mixed with mood episodes like depression or bipolar mania), and PTSD (Post Traumatic Stress Disorder). On 12/16/25 at 9:46 AM, surveyor observed from the hallway, Resident #39's door open and 2 staff members assisting Resident #39 with personal cares. Resident #39's room was across from the nurse station in a high traffic area. Surveyor knocked on Resident #39's open door and heard staff call out cares. On 12/16/25 at 9:47 AM, surveyor asked LPN #3, who was standing at the nurse station, if resident cares should be done with a resident's door open. LPN #3, stated no, the door should have been shut and walked to Resident #39's door and closed it. On 12/16/25 at 11:55 AM, the DON stated the staff should not have had the door open when doing resident cares.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** Based on the facility bowel care standing orders, record review, and staff interview, it was determined the facility failed to follow facility bowel care standing order of delivering specific medications when residents do not have BM within 72 hours for 5 of 14 residents (#6, #11, #20, #24, and #57) who records were reviewed for bowel and bladder care. This failed practice created the potential for residents to experience discomfort when medications were not administered according to the physician's order. Findings include: The facility's Provider's Standing Orders-PRN documented the following:- When using standing PRN orders, please place end date no longer than 3 days. Please notify provider if symptoms occur for more than 24 hours- Constipation: Encourage fluids and monitor for dehydration- Peri Colace 8.6/50 mg 2 Tablets BID - MiraLAX 17 grams PO QD or BID- Milk of Magnesium 30 mL QHS (use with caution with renal insufficiency)- [NAME] Cow- Milk of Magnesium 30 mL, 6 oz Prune Juice (use with caution with renal insufficiency)- Bisacodyl 5-10 mg PO or suppository- Lactulose 15 mL QD-BIDa. Resident #6 was initially admitted to the facility on [DATE], and readmitted on [DATE], with multiple diagnoses including respiratory failure and morbid obesity.</p> <p>Resident #6 had a documented bowel movement on 11/17/25 at 5:02 PM, and not again until 11/21/25 at 8:01 PM, over 96 hours with no documented bowel movement or documented nursing intervention.</p> <p>Resident #6 had a documented bowel movement on 12/5/25 at 9:16 PM, and not again until 12/10/25 at 12:56 PM, over 96 hours with no documented bowel movement or documented nursing intervention.</p> <p>b. Resident #11 was admitted to the facility on [DATE], with multiple diagnoses including schizoaffective disorder (chronic mental illness) and cancer.</p> <p>Resident #11's physician orders for bowel care management were documented as:</p> <p>Miralax oral powder 17 Gm/scoop &ndash; give 17 gram by mouth in the morning for constipation, mix in 6-8 oz fluid of choice &ndash; order date 7/31/25</p> <p>Bisacodyl EC oral tablet delayed release 5 mg &ndash; give 1 tablet by mouth every 6 hrs as needed for constipation for 3 days &ndash; order date 11/5/25</p> <p>Resident #11 had a documented bowel movement on 11/18/25 at 9:41 PM and not again until 11/23/25 at 9:34 AM, over 106 hours with no documented bowel movement.</p> <p>No documentation of Resident #11 receiving the physician ordered Bisacodyl EC medication for constipation management.</p> <p>Resident #11's physician orders, dated 12/7/25, for bowel care management were documented as:</p> <p>Milk of Magnesia &ndash; give 30 ml by mouth as needed for bowel care **if no bowel movement in 3 days</p> <p>Bisacodyl suppository 10 mg &ndash; insert 1 suppository rectally as needed for bowel care **if no bowel movement within 6-12 hrs of Milk of Magnesia administration</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Enema Disposable Enema &ndash; insert 1 dose rectally as needed for bowel care **if no bowel movement within 2-6 hrs of Bisacodyl suppository administration</p> <p>Resident #11 had a documented bowel movement on 12/2/25 at 8:10 PM and not again until 12/10/25 at 1:59 PM, over 185 hours with no documented bowel movement.</p> <p>No documentation of Resident #11 receiving the physician ordered medications for constipation management.</p> <p>On 12/16/25 at 2:45 PM, the DON stated the nurse had not documented bowel medication interventions on the medication administration record as ordered by the provider for Resident #11 and should have.</p> <p>c. Resident #20 was admitted to the facility on [DATE], with multiple diagnoses including osteolysis (the destruction or breakdown of bone tissue, essentially bone loss due to excessive resorption (removal) of calcium and minerals, often leading to weakened, soft, or porous bones) and malnutrition.</p> <p>Resident #20 had a documented bowel movement on 11/28/25 at 11:51 AM, and not again until 12/2/25 at 7:49 PM, over 96 hours with no documented bowel movement or documented nursing intervention.</p> <p>Resident #20 had a documented bowel movement on 12/2/25 at 7:49 PM, and not again until 12/6/25 at 9:29 AM, over 96 hours with no documented bowel movement.</p> <p>Resident #20's medical record documented she was given MiraLax Oral Powder 17 GM on 12/3/25 not resulting in a BM until 12/6/25.</p> <p>Resident #20 had a documented bowel movement on 12/7/25 at 11:24 AM, and not again until 12/11/25 at 11:24 AM, over 96 hours with no documented bowel movement or documented nursing intervention.</p> <p>d. Resident #24 was admitted to the facility on [DATE], with multiple diagnoses including fracture of right femur, diabetes, and cancer of the uterus.</p> <p>Resident #24 had a documented bowel movement on 12/6/25 at 1:35 PM, and not again until 12/11/25 at 11:02 AM, over 117 hours with no documented bowel movement or documented nursing intervention.</p> <p>e. Resident #57 was admitted to the facility on [DATE], with multiple diagnoses including multiple sclerosis (a chronic autoimmune disease affecting the brain, spinal cord, and optic nerves) and quadriplegia (a severe medical condition involving the partial or total loss of movement and sensation in all four limbs and the torso).</p> <p>Resident #57 had a documented bowel movement on 11/26/25 at 8:05 PM, and not again until 12/6/25 at 8:55 PM, over 240 hours with no documented bowel movement or documented nursing intervention.</p> <p>Resident #57 had a documented bowel movement on 12/8/25 at 5:47 AM, and not again until 12/14/25 at 9:59 PM, over 144 hours with no documented bowel movement or documented nursing intervention.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/16/25 at 2:45 PM, the DON stated the nurses assigned to Residents #6, #20, #24, and #57 had not documented any bowel medication interventions during the times noted and should have.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the State Operations Manual, observation, and staff interview, it was determined the facility failed to ensure residents were free from accident hazards for 1 of 1 resident (Resident #55) whose room was observed for environmental safety. This deficient practice had the potential to cause physical harm if portable oxygen cylinders were not properly secured from falling over. Findings include: Resident #55 was admitted to the facility on [DATE], with multiple diagnoses including COPD (a progressive lung disease making breathing difficult), and diabetes. On 12/15/25 at 2:43 PM, observed the following in Resident #55's room:- 2 portable oxygen cylinders propped up, unsecured in the corner- 1 portable oxygen concentrator that Resident #55 was currently using- 1 portable liquid oxygen tank hanging on Resident #55's wheelchair Resident #55 stated she brought the portable oxygen cylinders from home but was not using them. On 12/15/25 at 3:14 PM, the DON stated she was not aware Resident #55 had portable oxygen cylinders in her room and stated she would go check on it. On 12/15/25 4:00 PM, the DON stated they secured the portable oxygen cylinders in a cart. She stated they should have been secured or put in the oxygen room and was not.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews, it was determined the facility failed to provide respiratory services as ordered by the physician. This was true for 2 of 4 residents (#6 and #20) whose records were reviewed for respiratory services. This failure created the potential for residents to experience increased fatigue and low oxygen levels. Findings include: a. Resident #6 was initially admitted to the facility on [DATE], and readmitted on [DATE], with multiple diagnoses including respiratory failure and morbid obesity. On 12/15/25 at 2:55 PM, observed Resident #6's oxygen concentrator was set at 3.5 lpm. On 12/16/25 at 10:20 AM, observed Resident #6's oxygen concentrator was set at 3.5 lpm. Resident #6's physician oxygen order documented O2 per N/C at 1 to 2 lpm to keep SATs equal to or greater than 88%. b. Resident #20 was admitted to the facility on [DATE], with multiple diagnoses including osteolysis (the destruction or breakdown of bone tissue, essentially bone loss due to excessive resorption (removal) of calcium and minerals, often leading to weakened, soft, or porous bones) and malnutrition. On 12/15/25 at 2:30 PM, observed Resident #20's oxygen concentrator was set at 3.5 lpm. Resident #20's physician oxygen order documented 2 lpm N/C to keep SAT greater than 90%. On 12/16/25 at 3:00 PM, the DON stated Resident #6 and Resident #20's oxygen concentrators were set at 3.5 lpm and should not have been.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on record review and staff interview, it was determined the facility failed to ensure controlled medications were tracked and kept secure from potential theft and/or diversion. This was true for 1 of 2 medication carts reviewed. This failure created the potential for undetected misuse and/or diversion of controlled medications and had the potential to affect all residents who received controlled medication in the facility. Findings include: On 12/15/25 at 3:40 PM, during the 200 Hall medication cart audit, observed the narcotic accountability sheets, dated 12/1/25 to 12/15/25, with 1 licensed nurse signature not documented on 12/7/25. On 12/15/25 at 3:42 PM, CMA #1 stated two nurses should have signed the narcotic accountability sheet when they accepted the medication cart or released the medication cart. On 12/17/25 at 1:10 PM, the DON stated two nurses should have signed the narcotic accountability sheet when they accepted the medication cart or released the medication cart.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and staff interviews it was determined the facility failed to ensure medications were stored in locked compartment, and medications and biologicals were not expired. This was true for 1 of 2 medication carts reviewed and 1 of 1 resident (Resident #55) room observed for medication storage. This failure created the potential for undetected misuse of medication, residents to receive expired medications with decreased efficacy, and use of expired biologicals. Findings include:Resident #55 was admitted to the facility on [DATE], with multiple diagnoses including COPD (a progressive lung disease making breathing difficult), and diabetes.</p> <p>On 12/15/25 at 2:43 PM, observed 2 medication cups on Resident #55's nightstand with Nystatin cream (antifungal medication) in each cup. Resident #55 stated she does not know why they are there; it is probably old, and the nurse must have left it.</p> <p>On 12/15/25 at 4:00 PM, the DON stated the Nystatin cream should not have been left in Resident #55's room. She stated she removed the Nystatin cream and told the nurses they could not leave medications at bedside.</p> <p>A.The following was observed during the medication cart audits.</p> <p>On 12/16/25 at 11:02 AM, the 100 Hall medication cart was audited with RN #1 present. Observed the following:</p> <ul style="list-style-type: none"> - one bottle of fiber supplement with an expiration date of 7/24 printed on the bottle - one tube of muscle rub with a written expiration date of 12/12, unable to determine if month and year or month and day as it was not fully dated <p>On 12/16/25 at 11:13 AM, RN #1 stated, the medications were expired and should have been discarded and had not been.</p> <p>On 12/17/25 at 1:35 PM, the DON stated the expired medications should have been removed from the medication cart and had not been.</p> <p>B. The following was observed for biologicals.</p> <p>On 12/16/25 at 11:15 AM, observed one set of glucose test solutions with an expiration date of 10/10/25 printed on the bottles, and one set of glucose test solutions with an expiration date of 10/12/25 printed on the bottles. RN #1 stated the test solutions were expired and should have been discarded and had not been.</p> <p>On 12/17/25 at 1:40 PM, the DON stated the glucose test solutions should have been removed from the cart and had not been.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, policy review, and review of the Idaho Food Code, the facility failed to appropriately store, distribute, and label foods. This deficient practice had the potential to affect all residents who received meals prepared in the facility's kitchen. This placed residents at risk for potential contamination and use of spoiled foods, and adverse health outcomes including food-borne illnesses. Findings include: The Idaho Food Code, revised February 2021, stated, 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking . refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. The facility's Food Storage policy, undated, documented food items will be stored on shelves. Food should be dated when placed on shelves. food should be stored a minimum of 6 inches above the floor. date markings should be visible. leftover food should be stored in covered containers or wrapped carefully and securely and clearly labeled and dated before being refrigerated. On 12/15/25 at 12:30 PM, observed in the dining room the following issues.- a squeeze bottle containing white liquid (CDM stated it was ranch dressing) without contents label and no dates. - one container labeled as milk without a date poured or expired date. (CDM stated, they pour out the milk and ranch dressing after each meal). On 12/15/25 at 12:32 PM, observed in the walk-in refrigerator the following.- a small zip lock type bag with diced tomatoes not labeled with dates.- a small zip lock type bag with diced cucumbers not labeled with dates.- a plastic container with sliced cheese not labeled with dates.- a plastic container with barbeque sauce not labeled with dates. On 12/15/25 at 12:37 PM, observed with the CDM, a case of food stored on the ground in the dry food storage room. On 12/15/25 at 12:40 PM, the CDM stated the food in the dry food storage area should not be stored on the floor and all food items should be labeled and dated and were not.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation, interview, and U.S. Food and Drug Administration 2022 Food Code review, the facility failed to ensure garbage cans were properly closed with lids to minimize attracting pests and rodents into the kitchen. This deficient practice had the potential to affect all residents and staff in the facility. Findings include: U.S. Food and Drug Administration 2022 Food Code, 5-501.113 Covering Receptacles. Receptacles and waste handling units for REFUSE, recyclables, and returnables shall be kept covered: (A) Inside the FOOD ESTABLISHMENT if the receptacles and units: (1) Contain FOOD residue and are not in continuous use; or (2) After they are filled. On 12/15/25 at 12:25 PM, observed in the kitchen area the following.- Two garbage cans not in continuous use in the food prep area without lids. On 12/17/25 at 10:30 AM, the CDM stated she thought the garbage cans could have the lids off when in use but the cans were not in use and should have had the lids on.</p>		