

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135021	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Lewiston Transitional Care of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE  3315 8th Street Lewiston, ID 83501	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33865</p> <p>Based on record review, policy review, and staff interview, it was determined the facility failed to ensure a Level I Preadmission Screening and Resident Review (PASARR) was updated to include a diagnosis of Post-Traumatic Stress Disorder (PTSD). This was true for 1 of 1 resident (Resident #29) whose PASARR record was reviewed. This deficient practice had the potential to cause harm if residents' specialized services for mental health needs were not provided due to a lack of updated screening. Findings include:</p> <p>The facility's Pre-Admission Screening and Resident Review (PASARR) policy, dated 11/28/17, documented Any resident with newly evident or possible serious mental disorder, ID [Intellectual Disability], or related condition is to be referred, by the facility to the appropriate state-designated mental health or intellectual disability authority for review.</p> <p>Resident #29 was admitted to the facility on [DATE] and readmitted on [DATE], with multiple diagnoses including PTSD and other anxiety disorders.</p> <p>A quarterly MDS assessment, dated 6/7/24, documented Resident #29 was cognitively intact.</p> <p>Resident #29's Care Plan, revised 1/5/24, documented Resident #29 had a mood disorder related to diagnosis of other anxiety, and PTSD.</p> <p>A PASARR, dated 9/6/23, documented No for Resident #29 under the question: Does the individual have any of the following Major Mental Health Illnesses (MMI)? The list included PTSD and anxiety disorders.</p> <p>A PASARR, dated 9/8/22, documented No for Resident #29 under the question: Does the individual have any of the following Major Mental Health Illnesses (MMI)? The list included PTSD and anxiety disorders.</p> <p>During an interview on 6/11/24 at 10:31 AM, the Social Services (SS) staff stated she oversaw the PASARR reviews. She stated she reviewed the documentation on admission to make sure the mental health diagnoses and substance abuse were captured. She stated if any of the sections were marked Yes, then she would send it to the state for them to determine A level II PASARR or if any recommendations were needed. She verified Resident #29 had a diagnosis of PTSD and she needed to update the PASARR to include that information.</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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NAME OF PROVIDER OR SUPPLIER  Lewiston Transitional Care of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE  3315 8th Street Lewiston, ID 83501	

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33865</b></p> <p>Based on record review, policy review, and resident and staff interview, it was determined the facility failed to ensure residents were provided with bathing consistent with their needs. This was true for 1 of 3 residents (Resident #6) reviewed for activities of daily living. This failure created the potential for residents to experience embarrassment, isolation, decreased sense of self-worth, and skin impairment due to a lack of personal hygiene. Findings include:</p> <p>The facility's ADLs policy, revised 11/14/17, documented staff were to provide a shower, tub bath, or bed bath as scheduled and document resident refusals of care.</p> <p>Resident #6 was admitted to the facility on [DATE], with multiple diagnoses including muscle weakness and difficulty walking.</p> <p>A quarterly MDS Assessment, dated 5/6/24, documented Resident #6 was cognitively intact.</p> <p>Resident #6's Care Plan, revised 11/16/21, documented Resident #6 had an ADL self-care performance deficit and required substantial/maximal assistance for bathing with the assistance of one staff member (revised 5/10/24).</p> <p>During an interview on 6/10/24 at 7:48 AM, Resident #6 stated her shower schedule was Tuesdays and Fridays. She stated some showers were missed and she was supposed to receive them at least twice a week.</p> <p>Resident #6's bathing/shower record for May 2024 through June 2024, documented Resident #6 missed her scheduled bathing/shower on 5/7/24, 5/10/24, 5/24/24, 5/28/24, and 6/4/24.</p> <p>During an interview on 6/11/24 at 1:05 PM, CNA #2 stated she completed resident showers during the week Monday-Friday from 6:00 AM- 4:00 PM. She stated if a shower was missed a refusal sheet was completed and signed and they would make up the shower the next day. She stated Resident #6 would sometimes decline showers.</p> <p>During an interview on 6/11/24 at 1:53 PM, the Administrator stated missed showers would have had a refusal completed. At 2:52 PM, she stated there was a lack of documentation of refusals/ missed showers, so it did not flag in the system for them to follow up.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33865</p> <p>Based on policy review, observation, and staff interview, it was determined the facility failed to ensure food was not expired and the stove hood was cleaned in 1 of 1 kitchen. These deficiencies had the potential to affect 69 residents residing in the facility who consumed food prepared by the facility. This placed residents at risk for potential contamination of food and adverse health outcomes, including food-borne illnesses. Findings include:</p> <p>1. The facility's Food and Supply Storage policy, dated [DATE], documented All food .shall be stored in such a manner as to maintain safety and sanitation of the food or supply for human consumption.</p> <p>During an observation on [DATE] at 6:28 AM, the walk-in refrigerator contained four (32-ounce) containers of low-fat yogurt, dated [DATE], from the manufacturer. There was one (five-pound) container of sour cream dated with a use-by-date of [DATE].</p> <p>During an interview on [DATE] at 6:31 AM, [NAME] #1 confirmed the food was expired.</p> <p>2. The 2022 Food and Drug Administration (FDA) Food Code, page 452, dated [DATE], documented The accumulation of grease and condensate may contaminate food and food-contact surfaces as well as present a possible fire hazard.</p> <p>During an observation on [DATE] at 6:29 AM, the stove hood was greasy with lint throughout. During an additional observation on [DATE] at 10:35 AM, the hood remained greasy with lint buildup. The Culinary Assistant stated it was cleaned last week. She confirmed the hood was dirty and stated it was supposed to have been cleaned last week.</p> <p>During an interview on [DATE] at 12:44 PM, the CM stated she was in the process of making a new cleaning checklist. She stated the stove hood was supposed to be cleaned every week. She stated it was not cleaned yet this week. She confirmed there was no other documentation of the stove hood being cleaned before last week. She stated she was not aware of how the staff cleaned the hood last week. She stated she was not the one who cleaned it.</p> <p>During an interview on [DATE] at 4:01 PM with the RD, CM, the Administrator, and the Director of Maintenance, the RD stated the stove hood was cleaned last week but was not scrubbed.</p>		