

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/12/2025
NAME OF PROVIDER OR SUPPLIER Coeur D Alene Health of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2514 North Seventh Street Coeur D'Alene, ID 83814	

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** Based on grievance review and staff interview, it was determined the facility failed to ensure residents were free from abuse and neglect. This was true for 2 of 2 residents (Resident #9 and #3) whose records were reviewed for neglect and 1 of 1 resident (Resident #5) reviewed for abuse. The facility's failure to properly investigate grievances alleging neglect and abuse created the potential for physical harm, pain, and emotional distress. Findings include: 1. Resident #9 was admitted to the facility on [DATE] with diagnoses including quadriplegia (complete immobility due to severe disability), respiratory failure, and depression.</p> <p>Resident #9 's care plan revised 4/9/25, documented he was dependent on staff for all activities of daily living, including incontinence care.</p> <p>A grievance form dated 9/10/25, documented Resident #9 submitted a grievance requesting that CNA #1 no longer provide care, he documented that CNA #1 left him wet for 4 hours. Resident #9 reported CNA #1 repeatedly turned off his call light, stated she would return, but did not provide timely care. Resident #9 described similar past episodes with CNA #1.</p> <p>On 9/11/25, CNA #1 provided a statement she often had difficulty finding a second staff member to assist with Resident #9's care.</p> <p>On 9/11/25, the facility documented Resident #9's interview confirming CNA #1 failed to return in a timely manner after multiple call light responses.</p> <p>CNA #1 was educated on timely care, use of her radio to obtain assistance, and a verbal corrective action was issued.</p> <p>On 11/12/25 at 3:00 PM, the CNO confirmed Resident #9 was left without incontinence care for 4 hours after his initial request.</p> <p>On 11/12/25 at 3:07 PM, the CEO acknowledged the grievance should have been investigated as neglect.</p> <p>2. Resident #5 was admitted to the facility on [DATE] and readmitted [DATE], with multiple diagnoses including dementia and diabetes.</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: 135052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/12/2025
NAME OF PROVIDER OR SUPPLIER Coeur D Alene Health of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2514 North Seventh Street Coeur D'Alene, ID 83814	
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>And I&A report dated 9/18/25 documented CNA #1 was heard by a staff yelling at Resident #5. Resident #5 was severely cognitively impaired. The incident was reported to the CNO and CNA #1 was immediately suspended pending investigation. The I&A documented the following staff were interviewed:</p> <ul style="list-style-type: none"> - Staff #1: reported when working with CNA #1 on 9/18/25, CNA #1 made the following comments to Resident #5 I can't deal with you. Go to your room. You are getting louder and louder. You are doing this for attention. - Staff #2: reported CNA#1 can be short with the residents when pressed with time. -Ancillary Staff #1: reported while talking to RCM #1, Resident #5 was in the hallway singing as she does at her baseline. CNA #1 was heard yelling at Resident #5 to be quiet and Just stop!, loud enough to interrupt her conversation with RCM #1. <p>The I&A investigation documented CNA #1 can use verbal tones and words that could be perceived as condescending, stern, or scolding; however witnesses did not perceive the interactions between CNA #1 and Resident #5 to be abusive. The investigation concluded the facility was unable to substantiate harm, abuse, or neglect related to allegation of verbal abuse.</p> <p>On 11/12/25 at 2:55 PM, the CNO with the CEO present, stated CNA #1 was probably stern when speaking with Resident #1, but it was not yelling. The CNO stated CNA #1 was kind of loud with her voice and others could perceive it as yelling. The CNO was then asked, if another person would talk to her I can't deal with you. Go to your room. You are getting louder and louder. You are doing this for attention on that of tone of voice, like loud voice, how would you feel? The CNO stated she would not appreciate that kind of tone of voice and probably she would file a complaint.</p> <p>3. Resident #3 was admitted to the facility on [DATE], and readmitted on [DATE], and 9/15/25 with multiple diagnoses including a broken right and left arm, cognitive communication deficit, muscle weakness, and altered mental status.</p> <p>Resident #3's care plan, initiated on 7/23/25, and revised on 10/14/25, documented she was incontinent with bowel and bladder, and to check and change every two hours.</p> <p>A grievance report dated 10/2/25 at 3:00 PM, documented Resident #3 was left in a stool filled brief all day. Resident #3 had attempted to get a CNA to change her, but the CNA never returned.</p> <p>The facility's response dated 10/3/25 documented a care conference was completed along with multiple conversations with Resident #3, her spouse, and the ombudsman. Facility staff were interviewed, and based on the facility's investigation, Resident #3 was moved to a new room.</p> <p>The facility did not identify why Resident #3 was not changed as she requested.</p> <p>A Care Conference Review, dated 10/14/25, documented Resident #3 had increased sadness and frustration related to the cares provided. The report also documented the Interdisciplinary Team (IDT) addressed nursing concerns and care related issues with Resident #3, [the facility] committed to ongoing staff education and support to resolve matters. It was also documented that Resident #3 had multiple concerns and was moved to a new room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/12/2025
NAME OF PROVIDER OR SUPPLIER Coeur D Alene Health of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2514 North Seventh Street Coeur D'Alene, ID 83814	

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>On 11/12/25 at 3:11 PM, the CNO acknowledged the grievance should have been investigated as neglect.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/12/2025
NAME OF PROVIDER OR SUPPLIER Coeur D Alene Health of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2514 North Seventh Street Coeur D'Alene, ID 83814	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/12/2025
NAME OF PROVIDER OR SUPPLIER Coeur D Alene Health of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2514 North Seventh Street Coeur D'Alene, ID 83814	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observation, review of the Food, Drug, Administration (FDA) Food Code, and staff interview it was determined the facility failed to provide employee hand hygiene, beard masks, and a cleaned and sanitized kitchen. This was true for 57 of 76 residents who received food prepared by the facilities kitchen. This deficient practice created the potential for harm by placing residents at risk for potential foodborne illnesses and adverse health outcomes. Findings include:1. The FDA Food Code Section 2-301.14 When to Wash documented food employees shall clean their hands immediately before engaging in food preparation including working with exposed food, clean equipment and utensils . (H) before donning gloves to initiate a task that involves working with food.On 11/11/25 from 4:50 PM to 6:00 PM, the following observations were recorded: -At 4:55 PM, Kitchen Aide #1 was observed wiping his nose with his fingers and then emptied out the clean silverware from a dish container into a silverware container, where he wrapped the silverware into the resident's tray napkins before placing them on resident's dinner trays.-At 5:10 PM, [NAME] #1 was observed putting gloves on without performing hand hygiene.-From 5:15 pm through 5:45 PM, Kitchen Aide #1 touched his face or bare arms 24 times without washing his hands.On 11/11/25 at 6:08 PM, [NAME] #1 stated she had not performed enough hand hygiene during meal service and should have washed her hands between tasks and glove changes.On 11/11/25 at 6:09 PM, Kitchen Aide #1 was unable to answer when hand hygiene should be performed.2. The FDA Food Code Section 2-402.11 Effectiveness documented: Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens.On 11/11/25 at 4:55 PM, Kitchen Aide #1 was observed wrapping silverware into the resident's tray napkins, which were later observed being placed on the resident's dinner trays.On 11/11/25 from 4:50 PM to 6:02 PM, the DM was observed prepping food for resident dinner without wearing a beard covering. On 11/11/25 at 6:03 PM, the DM stated beard covers should be worn in the kitchen, and both he and Kitchen Aide #1 were not wearing one. 3. The FDA Food Code Section 4-501.114 Manual Chemical Sanitization - Temperature, pH, and Concentration documented sanitizing solution should have a concentration as indicated by the manufacturer's use directions included in the labeling.On 11/11/25 between 5:00 PM and 5:25 PM, the DM and [NAME] #1 were observed using a food thermometer to temp food and then placing the thermometer into a sanitation bucket on the floor under the dish storage shelves multiple times throughout the dinner tray line service. On 11/11/25 at 6:10 PM, the DM measured the sanitizing solution at 100 parts per million (ppm) and stated the sanitation bucket should be at least 200 ppm according to the use instructions of the chemical sanitizer if used to sanitize kitchen surfaces or the thermometer.4. The FDA Food Code Section 4-602.11 Equipment Food-Contact Surfaces and Utensils documented: (E) Surfaces of utensils and equipment contacting food that is not time/temperature control for food shall be cleaned. On 11/11/25 at 4:55 PM, a food particle was left in an immersion blender container, upside down with the other clean immersion blender containers.On 11/11/25 at 5:10 PM, The DM stated dishes are cleaned and sanitized after use, and he did not know why a container with a food particle was stored among the clean containers.5. The FDA Food Code Section 6-501.12 Cleaning, Frequency and Restrictions, documented: Cleaning of the physical facilities is an important measure in ensuring the protection and sanitary preparation of food. A regular cleaning schedule should be established and followed to maintain the facility in a clean and sanitary manner. Primary cleaning should be done at times when foods are in protected storage and when food is not being served or prepared. On 11/11/25 at 5:00 PM, a coating of dust was observed on the lower shelves where clean dishes were stored. A layer of dust was observed on the pipes along the kitchen wall above food preparation areas.On 11/11/25 at 5:15 PM, the Dietary Manager (DM) stated the kitchen is cleaned daily, with a deep clean at least weekly. He could not answer why there was dust on the shelves or the pipes.</p>		