STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135052	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coeur D Alene Health of Cascadia	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, review of the food code, and facility policy review, the facility failed to ensure food was dated as to when it expired, food was sealed, frozen food was appropriately thawed, and failed to ensure towels used to clean countertops were not heavily stained for one of one kitchen with the potential to affect 73 out of 80 resident consuming oral food. This failure had the potential to lead to food borne illnesses. Findings include: During an observation on 05/04/26 at 8:09 AM, there were three frozen meat logs sticking out of a container in a sink, with water running over one of the logs. Two of the logs were extended out of the container, not fully submerged and no water running over them. The walk-in refrigerator was observed with undated and unlabeled items. On the left side of the walk-in, there was a container of undated baked beans, a container of unsealed and undated hot dogs, a container of undated cooked ground hamburger, a container of undated canned diced peaches, and a container of undated sliced onions. By 8:29 AM, the meat remained thawing in the same manner. During an interview on 05/04/26 at 8:23 AM, the Dietary Manager (DM) confirmed the thawing of the frozen meat in the sink and stated he was unaware the meat needed to be fully submerged. He stated the items included two pork roast logs and one beef log. The DM confirmed the food items in the walk-in were undated and the hot dogs were unsealed. He confirmed they should have been dated and sealed. During an observation in the kitchen on 05/06/26 at 11:12 AM, the staff were using towels that had the appearance of being excessively stained throughout. The towels were used for cleaning the counter tops. During an interview on 05/06/26 at 3:00 PM, with the Director of Nursing (DON), Administrator, and the Registered Dietitian (RD), the Administrator stated the DM was ultimately responsible for ensuring all foods were dated and sealed. They stated they were aware of issues concerning the kitchen. The RD confirmed the towels used during meal preparation appeared dirty and deeply stained. Review of the facility's policy titled, Food Safety & Storage, dated 11/28/17, revealed under labeling and rotation 1. Opened and repackaged food must be labeled with contents and use-by-date.3. Ready-to-eat food held longer than 24 hours must be labeled with preparation and use-by dates. Review of the 2022 Food Code, located at https://www.fda.gov/media/164194/download?attachment, dated 01/18/23, Chapter 3-26, revealed revealed Safety food shall be thawed: (A) Under refrigeration.(B) Completely submerged under running water.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to ensure food was not served in disposable dishes for residents receiving cake. The facility also failed to ensure residents seated at the same table ate at the same time for one of one resident (Resident (R)75) reviewed for dignity in dining out of a total sample of 29 residents. This failure had the potential to cause R75 to feel less dignified.Findings include:1.Review of R75's undated admission Record, located in the electronic medical record (EMR) Profile tab, revealed R75 was admitted to the facility on [DATE] with diagnoses including gastroparesis, other specified eating disorder, unspecified protein-calorie malnutrition. Review of R75's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/22/26, located in the EMR under the MDS tab, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R51 was cognitively intact. During an observation on 05/05/26 at 12:00 PM revealed R75 was seated at a table in the main dining room. At this time, a Certified Nurse Aide (CNA) 2 was observed delivering food to the other residents seated at the table with R75. CNA2 was then observed talking with R75 after she failed to receive her meal. Continued observation on 05/05/26 revealed R75 was served at 12:26 PM after her table mates were observed to be finished eating. R75 then took her meal to her room to eat. During an observation on 05/05/26 at 5:10 PM revealed R75 was seated at a table in the main dining room.Other members of the table were served at 5:11 PM, R75 received her food at 5:27 PM with no explanation given for the delay. During an interview on 05/05/26 at 1:17, R75 stated, I ordered a standard always available item to eat like I always do and it was late again. it sucks, because everyone is done eating before I get mine, and it happens frequently. During an interview on 05/05/26 at 1:34 PM, CNA2 confirmed that R75 was served her meal after her tablemates had finished eating their meals. CNA2 stated, I told her it would be 15-20 minutes for her to get her food. The kitchen had run out of chicken and the supply truck had just arrived. During an interview on 05/07/26 at 1:08 PM, the Director of Nursing (DON) stated I expect all residents seated together should be served together. During an interview on 05/06/26 at 3:35 PM the Registered Dietitian stated that, Residents at the same time should be served relatively at the same time. 5-10 minutes apart at the most. The kitchen should have had the chicken on hand to serve since it is listed as always available. Review of the facility policy Dignity dated 09/12/25, revealed, Policy: Each resident has the right to be treated with dignity and respect. Procedure: All residents will be treated with dignity and respect. 2. Promoting resident independence and dignity while dining, such as avoiding: Daily use of disposable cutlery and dishware. (continued on next page)

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility policy Meal Service dated 09/12/25, revealed, Policy: .The dining environment is designed to promote quality of life by providing a pleasant, dignified atmosphere and will reflect regulatory requirements under 42 CFR 5483.60, including infection control, resident right and the safe preparation and delivery of food and fluids. Dining Environment and Service Protocols:. 4. Residents seated together shall be served in a timely and coordinated manner to promote dignity social engagement and homelike dining experience. 2. During an observation in the kitchen on 05/06/26 at 9:14 AM, [NAME] (C) 4 cut up the pineapple upside down cake and portioned it out on clear disposable lids. She was observed to have prepared 60 servings of cake. C4 stated the Dietary Manager (DM) told her to use the disposable dishes and confirmed they were lids. She stated they had too many and they didn't fit anything, so they needed to use them up. During an interview on 05/06/26 at 11:45 AM, the Registered Dietitian (RD) confirmed the DM was gone and was no longer working in the facility. During an interview on 05/06/26 at 3:00 PM, with the Director of Nursing (DON), Administrator, and the RD, the RD confirmed they were using the disposable lids. They stated it was another ordering concern they had with the DM and that they should have been using the custard dishes. During an interview on 05/06/26 at 5:03 PM, R75 stated the disposable dishes happened a lot and that the lids served with the cake kind of sucked. She stated a couple of them needed a real dish to soak the cake with milk, making it easier to consume with their chewing difficulties. R75 stated they could not do that with the disposable lid. Review of the facility's policy titled, Food Preparation for meals, menus, and food, revised 09/16/25, revealed 14. Food must be served attractively, garnished as appropriate, and on suitable dishware. Review of the facility's policy titled, Dignity, dated 09/12/25, revealed 2. Promoting resident independence and dignity while dining, such as avoiding: a. Daily use of disposable cutlery and dishware.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, menu and recipe review, interview, and facility policy review, the facility failed to ensure the menu, menu extension, and recipes were followed for six of 29 sample residents (Resident (R) 11, R91, R71, R75, R79, and R81) reviewed for menu compliance in one of one kitchen. This failure had the potential to affect nutritional adequacy for 73 of 80 residents consuming oral food. Findings include: During a resident group interview on 05/05/26 at 2:00 PM, with R11, R91, R71, R75, R79, and R81, they stated they did not always get what they were supposed to get. R75 and R71 stated they sometimes only received lettuce as the salad. They stated they used to receive large salads with fruit in it. 1.Review of the week four Spring/Summer menu provided by the facility, for Tuesday dinner meal, revealed: beef shepherd's pie, dinner roll, veggies & dip, and seasonal fruit. Review of the menu extensions revealed the veggies consisted of carrots. During observation of the dining room on 05/05/26 at 5:04 PM, the posted menu outside of the dining rooms revealed shepherd's pie, veggie and dip, roll, and seasonal fruit. During the dining room meal observation from 5:04 PM- 5:30 PM, 10 out of 16 residents who ordered the main dish received a small portion of corn with the shepherd's pie. There were no veggies or dips served. One unidentified resident who ordered the pizza received the lettuce salad with no other ingredients. [NAME] (C) 3 was observed on duty. R75 confirmed they only received lettuce as the salad and that they didn't always get salad dressing. She stated dietary employees had attitudes when they asked for condiments. During an interview on 05/06/26 at 11:31 AM, C3 stated they did not have the menu items for dinner the night before. She stated they only had 1/2 bag of baby carrots. She stated they usually served carrots and celery for the vegetable cup. She confirmed they substituted corn for the vegetable cup. During an interview on 05/06/26 at 3:43 PM, the Registered Dietitian (RD) confirmed the replacement vegetable for the carrots should have been another high Vitamin A food item. She stated she was not aware of the substitution beforehand and that corn was not an appropriate substitute. 2. Review of the week four Spring/Summer menu provided by the facility, for Wednesday lunch meal, revealed: ham and potato casserole, garden salad, choice of dressing, and pineapple upside down cake. Review of the undated Ham & Potato Casserole recipe provided by the facility revealed the following ingredients: potatoes, fresh peeled and diced; butter; ham, baked; onion, fresh, chopped; flour, all-purpose; milk, 2% fat; salt; pepper, black, ground; cheese, cheddar, shredded; and breadcrumbs, seasoned. -The procedure revealed: 1. place peeled, diced potatoes in a large pot and cover with water. Bring to a boil. Reduce heat to medium-low and simmer until 10-15 minutes.3. Cut ham into bite size pieces. 4. When the potatoes are nearly done, melt first listed butter in a skillet over medium heat. Add ham and onion, cook and stir until the onion has softened and turned translucent.6. Sprinkle ham and onion mixture over the potatoes evenly.9. Pour cheddar cheese sauce over ham and potatoes. Sprinkle with breadcrumbs. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Garden Salad recipe provided by the facility revealed the following ingredients: lettuce, choice of leaves; salad ingredients, choice of; salad garnish, as needed; and salad dressing, choice of. -The procedure revealed: .2. Select various salad toppings which may include some of the following suggestions; asparagus, artichokes, avocado, bean sprouts, garbanzo beans, broccoli, carrots, cauliflower, celery, cucumbers, green onions, sweet peppers, mushrooms, green peas, radishes, tomatoes, water chestnuts, or zucchini. 3. Consider a garnish such as alfalfa sprouts, bacon, cheese, croutons, hard cooked eggs, olives, onion rings (fresh or fried) parsley, sunflower seeds, dried fruits, etc. During an observation of the kitchen on 05/06/26 at 9:16 AM, the staff were preparing the lunch meal. C1 cut up the ham into diced pieces and placed it in a large hard plastic container. At 9:30 AM, the staff cut up romaine lettuce. A box of scalloped potatoes was on the steam table, near the stove. At 9:36 AM, C2 cut up tomatoes. There were shredded cheese, Kosher salt, pepper, and butter close to the stove for sauce preparation for the main dish. At 9:52 AM, C4 finished adding the ingredients to the sauce mixture and placed the remaining salt and pepper back onto the shelf. C2 finished portioning out the salads with lettuce and diced tomatoes. He placed them into the walk-in refrigerator. At 10:57 AM, the staff pulled out the prepared au gratin potatoes from the oven. C2 added the cold diced ham into the potatoes, and then he added the prepared sauce into the potatoes and mixed throughout. There were no onions or breadcrumbs observed in the preparation. At 11:00 AM, staff announced that the Dietary Manager (DM) was no longer working at the facility and that he was not coming back. The casserole was placed back into the oven. During an observation on 05/06/26 at 12:30 PM, a test tray was added to the cart. Staff started to pass trays at 1:00 PM on the hall. A test tray was evaluated, alongside the RD. The salad contained lettuce and diced tomatoes, alone. When asked what should be in the salad, she mentioned she needed to review the recipe. During an interview on 05/06/26 at 3:00 PM, with the Director of Nursing (DON), Administrator, and the RD, the Administrator stated they were aware of the staff not following the menu about two months ago. The Administrator stated there was a time in which the RD was mostly remote through March and that staffing was inconsistent during that time. The DON confirmed she also observed the staff serving lettuce for the salad in the dining room for dinner meal, the night before. The DON confirmed the corn was observed with the meal. The RD confirmed the menu items were not followed and confirmed the recipe was not followed for the ham and potato casserole. They confirmed recipes were available for the staff in the kitchen. Review of the facility's policy titled, Menu Development, Substitutions & Implementation, revision date 08/01/23, revealed Menus shall be developed and implemented to meet the nutritional, cultural, and personal preferences of residents in accordance with federal regulations. Review of the facility's policy titled, Food Preparation for meals, menus, and food, revised 09/16/25, revealed Preparation must follow standardized recipes.

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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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, record review, interview, and facility policy review, the facility failed to ensure food was palatable to include proper temperature during food preparation and holding during meal service for nine of 29 sample residents (Resident (R) 14, R9, R6, R75, R11, R91, R71, R79, and R81) reviewed for food palatability. This failure had the potential to affect resident oral intake resulting in potential weight loss. Findings include: 1.a. Review of R14's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/17/26 and located under the MDS tab of the electronic medical record (EMR) revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R14 was cognitively intact. During an interview on 05/04/26 at 4:16 PM, R14 stated the food was poor quality and cold at times. b. Review of R9's admission MDS with an ARD of 02/24/26 and located under the MDS tab of the EMR revealed a BIMS score of 15 out of 15 which indicated R9 was cognitively intact. During an interview on 05/05/26 at 9:11 AM, R9 stated the food was cold. c. Review of R6's annual MDS with an ARD of 02/16/26 and located under the MDS tab of the EMR revealed a BIMS score of 15 out of 15 which indicated R6 was cognitively intact. During an interview on 05/04/26 at 10:14 AM, R6 stated the food was nasty, and the food was either undercooked or overcooked. d. Review of 75's quarterly MDS with an ARD of 04/22/26 and located under the MDS tab of the EMR revealed a BIMS score of 15 out of 15 which indicated R75 was cognitively intact. During an interview on 05/04/26 at 5:04 PM, R75 stated the food was poor quality, overcooked, and not receiving the food she was supposed to receive. e. During a resident group interview on 05/05/26 at 2:00 PM, with R11, R91, R71, R75, R79, and R81, revealed that the food was cold a lot of times. They stated this was an issue for meals being served in both resident rooms and in the dining room. They stated they had their own stock of seasoning, to help season the food. R75 and R71 stated they sometimes only received lettuce as the salad. They stated they used to receive large salads with fruit in it. During an interview and observation of the kitchen on 05/06/26 at 8:11 AM, [NAME] (C) 2 stated he had not been told anything about the hot plate warmer. It was observed to be cool to touch. He confirmed it was not on. 2. During an observation in the kitchen on 05/06/26 at 11:12 AM, the steam table had five wells (two with no water and three with 1-2 inches of water). At 11:35 AM, C2 placed the spaghetti sauce, and ground hamburger meat onto the steam table, in shallow pans. These items were not temped prior to placing them on the steam table. He placed cold spaghetti noodles in a shallow pan, placed hot water on top, and placed it on the steam table. He did not take the temperature of the item. At 11:38 AM, C2 took the hamburger patties out of the oven and placed the shallow pan onto the steam table. He did not take the temperatures of the beef patties prior to placing them on the steam table. At 11:45 AM, the French fries were placed onto the steam table. The Registered Dietitian (RD) was interviewed and confirmed the DM was gone and was no longer working in the facility. The thermometer was observed (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	alongside the temperature logbook, throughout food preparation. At 11:57 AM, several cold items were observed out at room temperature, which included glasses of milk, juice, cake with whipped topping, and yogurt. At 12:04 PM, C2 got the thermometer beside the temperature logbook and proceeded to take food temperatures. The ham and potato casserole was 184 degrees F (Fahrenheit), the hamburger patties were 131 degrees F, the spaghetti noodles were 129 degrees F, and the ground beef was 148 degrees F. C2 stated he may have to put back into the oven. C2 proceeded to reheat the items. At 12:13 PM, the RD was asked about the availability of only one thermometer. She stated they usually had more than one. At 12:13 PM, the noodles and hamburger were taken out and placed back onto the steam table, after being reheated. During an interview on 05/06/26 at 12:26 PM, when asked what the temperatures needed to be for a test tray, the RD stated she did not rely on the temperature and instead relied on how warm the food tasted. During an observation on 05/06/26 at 12:30 PM, a test tray was added to the cart (three section enclosed cart). At 12:51 PM, the staff in the kitchen located and opened the package to a second thermometer. At 12:52 PM, the steam table was rechecked for temperatures. C2 took the temperatures. The spaghetti noodles were 122 degrees F, and the ground beef was 136 degrees F. At 12:58 PM, the cart was finished and left the kitchen. Staff started to pass trays at 1:00 PM on the hall. A test tray was evaluated, alongside the RD. The cake with whipped topping was 61 degrees F, the orange juice was 54 degrees F, the salad was 57 degrees F, the ham and potato casserole was 124 degrees F. After tasting the casserole, the RD stated, It could be warmer. During an interview on 05/06/26 at 3:00 PM, with the Director of Nursing (DON), Administrator, and the RD, they stated they were aware of issues concerning the kitchen. Regarding the food temperatures, the Administrator stated they discussed the food often. The Administrator stated the steam table was new and she was not aware of the low water in the wells. They stated they did not know the plate warmer was not in use and that it should have been. The RD confirmed the cold foods were out at room temperature during meal service. Review of the facility's policy titled, Food Preparation for meals, menus, and food, revised 09/16/25, revealed Food shall be stored, prepared, and held using methods that preserve nutritional value and palatability to the extent possible. Cold.foods must be held at 41 degrees F or below; hot.foods must be maintained at 135 degrees F or above.

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview, and facility policy review, the facility failed to ensure medical record accuracy to include an updated order to match the Portable Medical Orders (POST) form for one of 29 sample residents (Resident (R) 10) reviewed for advanced directives. This failure had the potential to lead to inaccurate code status guidance. Findings include: Review of R10's admission Record located under the Profile tab of the electronic medical record (EMR) revealed admission on [DATE] and the advanced directive as Do Not Resuscitate [DNR]. Review of R10's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [DATE] and located under the MDS tab of the EMR revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R10 was cognitively intact. During an observation on [DATE], there were POST books located at the nursing stations. Review of R10's hospital transfer orders, date of service [DATE] and provided by the facility, revealed Code Status: DNR. Review of the Order Summary Report, located under the Orders tab of the EMR, dated [DATE], revealed Do Not Resuscitate. Review of the POST, dated [DATE] and located under the Documents tab of the EMR, revealed Yes: CPR [Cardiopulmonary Resuscitation]. Review of the care plan, revised [DATE] and located under the Care Plan tab of the EMR, revealed [resident] has a Full Code POST in place. During an interview on [DATE] at 1:07 PM, Licensed Practical Nurse (LPN) 2 stated during an emergency she would look at the POST form and POST book. LPN2 reviewed the POST book at the nursing station for R10, and the POST form was accurate to reflect full code. During an interview on [DATE] at 1:25 PM, the Registered Nurse (RN) 1/ Resident Care Manager stated the DNR was on the transfer orders, and he would have usually gotten the DNR paperwork. He stated R10's POST reflected Full Code. He stated the order should have been changed when the POST was completed. He stated medical records, uploaded them, and completed the audits. At 1:42 PM, RN1 stated the care plan was changed appropriately but it was missed in the audit process. During an interview on [DATE] at 1:34 PM, Medical Records (MR) stated she was the one who reviewed the POST and made sure it matched the orders. She stated everything matched up originally. She stated she was unsure how this got missed. During an interview on [DATE] at 2:22 PM, with the Administrator and Director of Nursing (DON), the DON stated during an emergency, they looked at the POST or the POST book for the code status. They stated they were made aware the order was not updated to match the POST. Review of the facility's policy titled, Advance Directives and Advance Care Planning, dated [DATE], revealed DNR orders may be revoked at any time but must be documented in the Resident's chart.