

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Mountain Valley of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 601 West Cameron Avenue Kellogg, ID 83837	
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, record review, and staff interview, it was determined the facility failed to ensure residents' representatives were immediately notified when residents fell or had a change in condition. This was true for 1 of 3 residents (Resident #116) whose records were reviewed for changes in condition. This deficient practice placed residents at risk of harm due to lack of advocacy and support from their representatives when they were unable to make decisions for themselves due to decreased health status and level of consciousness. Findings include: The facility's Fall Response & Management policy, revision date 8/21/25, documented Procedure 4. If a Resident sustains a fall, a physical assessment will be completed, and the provider and Resident Representative are notified. The facility's Event Management & Reporting policy, dated 9/16/25, documented Procedure 1. Initial Response and Documentation c. The nurse's documentation of the event will include, but not limited to: iv. Notifications to representative and/or resident contact, physician, outside agencies and any new orders received. The facility's Resident Change of Condition policy, revision date 8/31/25, documented Procedure 1. Notify the Resident, physician/provider, and, if applicable, Resident representative when any of the following occurs: a. Accident with injury and potential need for physician intervention b. Significant change in physical, mental, or psychosocial status c. Need to alter treatment significantly d. Transfer or discharge decision 5. Notify the resident's family or responsible party of the change in conditions as listed above. Resident #116 was admitted to the facility on [DATE], and readmitted on [DATE], with multiple diagnoses including heart failure, dementia, and depression. On 7/7/26 at 1:17 PM, review of Resident #116's medical record had documented a progress note dated, 5/31/26 at 10:43 PM, Post Fall Review: Date and Time of Fall: 5/31/26 8:50 PM. Resident #116 found lying on her stomach. Head turned to the left side, and resting on the floor. Bilateral lower extremities (BLE) extended below her with bilateral feet proximal to wheelchair. Bilateral upper extremities (BUE) at her sides at rest. Injury noted: Yes Bruising-discoloration caused by impact. She had a bloody nose r/t fall, and a large bruise forming on her forehead just above her eyebrows. Resident Statement: No response. CNA alerted nurse. VS assessed, and neuro-checks started. She was repositioned to her bottom and assisted back into her wheelchair. She was brought out to the nurse station and transferred to a recliner. A cold cloth and pressure was applied to bloody nose. Provider was notified. Resident #116's medical record had not documented her representative was notified of her fall at the time of the event on 5/31/26. On 7/7/26 at 1:45 PM, review of Resident #116's medical record had documented a progress note, dated 5/31/26 at 10:43 PM, the Provider ordered to continue neuro checks and any s/s of concussion. Continue to apply ice pack to forehead, prn. On 7/7/26 at 3:11 PM, review of Resident #116's medical record documented a progress note, dated 6/1/26 at 9:15 AM, Resident #116's family notified of her 5/31/26 fall. On 7/7/26 at 4:09 PM, (continued on next page)		

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	review of Resident #116's medical record had documented a progress note, dated 6/1/26 at 5:53 PM, Resident #116 with increase in overall general pain to facial region, increased nonverbal s/s of pain and discomfort. Bruising noted throughout the forehead, left and right eyes, and nose. Not wanting to get out of bed d/t increase in pain. Resident #116's medical record did not include documentation her representative was notified of her increased pain. On 7/7/26 at 4:20 PM, review of Resident #116's medical record had documented a progress note, dated 6/2/26 at 3:59 AM, nurse spoke with resident's POA's here at facility. Resident #116's representative requested resident be sent to hospital for medical evaluation and imaging related to the 5/31/26 fall. Resident #116 transported via facility van to the local emergency department. At 3:00 AM, facility nurse called the emergency department and was notified Resident #116 diagnosed with Odontoid fracture - C2. On 7/8/26 at 9:02 AM, review of the facility's Incident & Accident (I&A) report, dated 5/31/26, documented Resident #116 had a fall from her wheelchair. She sustained bruising to the forehead and a bloody nose. Resident #116's medical record documented Provider was notified. No documentation resident representative was notified of the fall at the time of the event. On 7/8/26 at 3:10 PM, the Director of Nursing stated at the time of the fall it was thought the event did not need to be reported to the resident representative as the Provider had been notified. On 7/8/26 at 3:17 PM, the CEO stated the resident representative should have been notified at the time of the event and had not been.		

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observation, record review, and staff interview, it was determined the facility failed to ensure nurse staffing information was accurate and posted daily for each shift. This failed practice had the potential to affect all residents residing in the facility and their representatives, visitors, and others who wanted to review the facility's staffing levels. Findings include: The State Operation Manual, Appendix PP revised on 7/23/25, documented S483.35 (i) (1) Nurse Staffing Information. Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. The facility's Daily Staffing sheets were missing scheduled nurse staffing and hours on the following dates:- 8/31/25- 5/31/26- 6/5/26- 6/12/26- 6/13/26- 6/14/26- 6/20/26- 6/27/26 On 7/8/26 at 3:30 PM, the CEO stated the daily staffing sheets should have been completed correctly and were not.		