STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135066	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Power County Skilled Nursing Facility	510 Roosevelt Street American Falls, ID 83211

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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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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:During review of the facility daily staffing sheets, the surveyor noted missing nurse staffing data and census data on the following dates.- The daily staffing sheets had not documented the actual hours worked by nursing staff.- 5/28/26 missing resident census- 4/6/26 missing nurse data for 0600 to 1800 shift- 3/19/26 missing nurse data for 0600 to 1800 shift- 3/14/26 missing nurse data for 1800 to 0600 shift- 3/4/26 missing nurse and CNA data for 1800 to 0600 shift- 2/26/26 missing nurse data for 1800 to 0600 shift- 2/14/26 missing resident census- 2/13/26 missing nurse data for 1800 to 0600 shift- 1/22/26 missing resident census- 1/15/26 missing resident censusOn 6/8/26 at 1:30 PM, the DON stated the daily staffing sheets should have been completed correctly and had not been.

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 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, policy review, and review of the U.S. Food and Drug Administration 2022 Food Code, the facility failed to appropriately store, distribute, label foods, and clean cookware appropriately. 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 facility's General Storage and Damaged Products policy dated 11/10/23, documented dietary employees are instructed to label and date all opened food items.The facility's Dry & Cold Food Storage policy dated 11/10/23, documented temperatures of all refrigerators and freezers will be recorded daily on the temperature log sheets. All prepared foods will be kept covered, labeled, and dated. All opened food products will be placed in proper containers for storage, labeled, dated, and refrigerated. All other perishables such as cheese, mayonnaise, jelly, etc are to be kept no longer than the best used by date on the container. The facility's Sanitizer Bucket policy dated 4/15/26, documented to refresh the bucket every two hours or more often as needed. On 6/8/26 starting at 7:35 AM, the surveyor observed the following in the kitchen:a. The FDA Food Code Section 6-301.14 Handwashing signage documented, a sign or poster that notifies food employees to wash their hands shall be provided at all handwashing sinks used by food employees and shall be clearly visible to food employees.- No handwash signage posted by the handwash sink. On 6/9/26 at 12:05 PM, the Food Service Supervisor stated the handwash signage had recently been removed and needed to be put back up but had not yet been.b. The FDA Food Code Section 3-501.17 Ready-to-Eat, TCS (time/temperature control for safety) food, date marking, states marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded.In the walk-in refrigerator: - Opened unsealed bag of shredded cheese with no open date. In the reach in refrigerator:- Opened gallon of milk with no opened date- Opened gallon of Lactaid milk with no opened date In the dry food pantry:- Opened two bags of chile pods with no opened date In the food prep area:- One cleaned skillet with encrusted black food on the inside of the skillet In the food prep area:- The sanitizer bucket log documented the bucket had been changed or refreshed every four hours in June 2026.c. The FDA Food Code Section 4-302.12 Food Temperature Measuring Devices documented the presence and accessibility of food temperature measuring devices is critical to the effective monitoring of food temperatures. Proper use of such devices provides the operator or person in charge with important information with which to determine if temperatures should be adjusted or if foods should be discarded. The Refrigerator and Freezer temperature log was missing temperature data from June 5, 6, and 7, 2026.On 6/9/26 at 12:10 PM, the Food Service Supervisor stated the opened food items should have been sealed correctly, been labeled with the opened date, temperature logs should have been completed every day, and cookware cleaned appropriately and were not.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 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 1of 1medication carts audited. 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 6/9/26 at 10:00 AM, observed during the medication cart audit, the narcotic accountability sheets had the following dates without licensed nurse signature documented:-4/26/26 On-coming signature-4/27/26 Off going signature-4/29/26 Off going signature-5/8/26 On-coming signature-5/8/26 Off going signature-5/14/26 Off going signature-5/17/26 On-coming signature-5/17/26 Off going signature-5/23/26 On-coming signature-5/23/26 Off going signature-6/5/26 On-coming signature-6/6/26 Off going signatureOn 6/9/26 at 10:15 AM, RN #1 stated two nurses should have signed the narcotic accountability sheet and had not.On 6/9/26 at 1:19 PM, the DON stated two nurses should have signed off on the narcotic count sheets.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, policy review, and staff interview, it was determined the facility failed to ensure infection control prevention practices were maintained to provide a safe and sanitary environment. These failures had the potential to impact all residents in the facility by placing them at risk for cross contamination and infection. Findings include:The facility's Dining Room policy dated 1/1/24, documented staff are to encourage residents to wash hands in sink or with washcloth or sanitize prior to each meal.The following was observed for hand hygiene:On 6/8/26 at 8:10 AM, observed breakfast meal served to the residents in rooms 9, 14, 15, and 18. The residents were not offered hand hygiene before eating their meals.On 6/8/26 at 10:14 AM, CNA #1 stated they should have offered hand hygiene to the residents before they ate their meals. She also stated staff are supposed to be carrying a large bottle of hand sanitizer to clean the resident's hands.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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, policy review, and staff interview, it was determined the facility failed to ensure residents were treated with dignity. This was true for 1 of 1 resident (Resident #3) reviewed for foley catheters. This deficient practice placed Resident #3 at risk of embarrassment and diminished sense of worth. Findings include:The facility's Promoting/Maintaining Resident Dignity policy, dated 1/15/26, documented it is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality.Resident #3 was admitted to the facility on [DATE], with multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (stroke) and urinary tract infection.On 6/8/26 at 8:12 AM, observed from outside Resident #3's room, his foley catheter bag hanging on the side of his bed without a cover.Resident #3's care plan dated 9/12/25, documented he had a foley catheter related to a diagnosis of neurogenic bladder.On 6/8/26 at 8:17 AM, CNA #1 stated Resident #3's foley catheter bag should have been covered since his door was open.On 6/9/26 at 2:32 PM, the DON stated she never thought that the catheter should have been covered when in the room with the door open and yes, it was a privacy issue.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, policy review, and staff interview, it was determined the facility failed to ensure a written notice of transfer and bed hold policy was provided to the resident or their representative when residents were transferred to the hospital. This was true for 1 of 1 resident (Resident #4) reviewed for transfers. This deficient practice created the potential for psychosocial distress if residents and their representatives were not made aware of or able to exercise their rights related to transfers from the facility. Findings include:The facility's Bed Hold policy dated 2/1/18, documented two written notices of this bed hold policy and procedures will be issued to the resident, family member, or legal representative. The first notice will be given upon admission. The second notice of this bed hold policy will be given to residents at their time of transfer for hospitalization.Resident #4 was admitted to the facility on [DATE], with multiple diagnoses including cerebral palsy (a condition marked by impaired muscle coordination and/or other disabilities) and depressive disorder.On 6/8/26 at 11:32 AM, Resident #4's medical record had no documentation of a written bed hold form being completed when she was transferred to the hospital on 2/23/26.On 6/9/26 at 9:05 AM, the Social Worker stated she had not completed a bed hold document for Resident #4 when she was transferred to the hospital in February 2026 and she should have.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, policy review, and staff interview, it was determined the facility failed to ensure resident's care plans were revised to reflect resident current code status. This was true for 1 of 2 residents (Resident #4) whose care plans were reviewed. This placed residents at risk of adverse outcomes if care and services were not provided due to care plans not being revised as residents' needs changed. Findings include:The facility's Care Plan policy dated [DATE], documented care plans will be reviewed quarterly, annually, and with change of status to ensure that they are current for the resident's care.Resident #4 was admitted to the facility on [DATE], with multiple diagnoses including cerebral palsy (a condition marked by impaired muscle coordination and/or other disabilities) and depressive disorder.On [DATE] at 8:42 AM, Resident #4's medical record Plan for Emergency Care and Intensity of Treatment document dated [DATE], documented she was a full code meaning she wanted CPR to be initiated on her if needed. Resident #4's care plan dated [DATE], documented she was a DNR and did not want CPR initiated if needed.On [DATE] at 8:45 AM, the DON stated Resident #4's care plan was completed in error and should have been revised but had not been.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, it was determined the facility failed to ensure physician's orders were followed. This was true for 1 of 2 residents (Resident #11) whose physician's orders were reviewed. This had the potential for adverse effects and possible harm to resident's medical and physical status. Findings include:Resident #11 was admitted to the facility on [DATE], with multiple diagnoses including dementia and chronic obstructive pulmonary disease (progressive lung disease characterized by increasing breathlessness).On 6/8/26 at 9:15 AM, Resident #11's physician order documented, oxygen per nasal cannula continuous. two times a day for COPD Titrate oxygen levels to maintain between 88-92%. Sats not to exceed 92%.Resident #11's medical record SpO2 monitoring documented desaturations below 88% without interventions on the following dates.- 5/23/26 at 4:27 PM - 87% SpO2 on room air- 5/16/26 at 10:20 AM - 87% SpO2 on room airResident #11's medical record documented the following while on supplemental oxygen the SpO2 exceeded 92% without any nursing intervention.- 5/29/26 at 7:17 PM - 96% on supplemental oxygen- 5/29/26 at 9:26 AM - 96% on supplemental oxygen- 5/29/26 at 7:06 AM - 96% on supplemental oxygen- 5/27/26 at 9:26 AM - 95% on supplemental oxygen- 5/18/26 at 7:44 PM - 95% on supplemental oxygen- 5/7/26 at 7:19 PM - 98% on supplemental oxygen- 5/7/26 at 9:27 AM - 97% on supplemental oxygen- 5/6/26 at 7:09 PM - 97% on supplemental oxygenResident #11's nurse progress notes documented high SpO2 while on supplemental oxygen therapy without any interventions documented.- 5/7/26 at 4:17 PM - 97% SpO2, O2 saturation assessed and resident sating at 97% with 2 L NC. - 5/7/26 at 10:36 PM - 98% SpO2, O2 sats on 2 L/NC, out to dinner with peers. On 6/9/26 at 3:00 PM, the DON stated Resident #11's SpO2 should have been better monitored and the physician's oxygen order more closely followed by staff and was not.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on staff interview and review of employee personnel files, it was determined the facility failed to ensure each CNA's annual performance reviews were completed at least once every 12 months for 3 of 3 CNAs (#2, #3, and #4) whose personnel records were reviewed for sufficient and competent CNA staffing. This failure created the potential for incompetent CNAs providing care and increased the risk for harm for all residents living in the facility. Findings include:On 6/9/26 at 11:00 AM, during review of CNA employee personnel files, observed that CNA #2, #3, and #4 had not performance review documentation since 2024.On 6/9/26 at 11:10 AM, the HR Director stated the facility had not conducted any CNA performance reviews since 2024 as they are revising the process.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. 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:The FDA Food Code Section 5-501.113 Covering Receptacles documented 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; and (B) With tight-fitting lids or doors if kept outside the food establishment. On 6/8/26 at 7:40 AM, the surveyor observed a 50-gallon trash can in the food prep area not being used that was about half full and had no lid.On 6/9/26 at 12:15 PM, the Food Service Supervisor stated she was not aware the garbage can required a lid but would get one.