| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135069 | A. Building<br>B. Wing | 11/21/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Cove of Cascadia, The | 620 North Sixth Street<br>Bellevue, ID 83313 |

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 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, it was determined the facility failed to follow physician orders of delivering specific medications when residents do not have BM within 72 hours for 4 of 12 residents (#17, #20, #24, and #30) whose records were reviewed for bowel and bladder care. This failed practice created the potential for residents to experience discomfort when medications were not administered according to the physician's order. Findings include:<br><br>Resident #17 was admitted to the facility initially on 6/22/22 with readmission on [DATE] with multiple diagnoses including post-surgical left above knee amputation and obesity.<br><br>Resident #17's physician orders for bowel care management were documented as:<br><br>- Bisacodyl Tablet Delayed Release, Give 10 mg by mouth every 24 hours as needed for constipation on Bowel Day 3. If no result within 24 hours follow bowel day 4. Start date 5/1/24<br><br>- Dulcolax Suppository 10 MG (Bisacodyl) Insert 1 suppository rectally as needed for Bowel Care Give day 4 (when) no bm. If no results in 24 hours, see Fleets Enema order. -Start Date 5/31/24<br><br>- Fleet Enema Enema 7-19 GM/118ML (Sodium Phosphates) Insert 1 unit rectally as needed for Bowel care give day 5 (when) no bm. Complete bowel assessment and notify MD if no results. -Start Date 5/31/24<br><br>- Polyethylene Glycol 3350, Give 17 gram by mouth as needed for Bowel Care Mix with 4-6 oz. of juice or water. -Start Date 9/27/23<br><br>Resident #17 had a documented bowel movement on 10/29/25 at 4:35 PM and not again until 11/3/25 at 5:39 AM, over 114 hours with no documented bowel movement.<br><br>No documentation of Resident #17 receiving the physician ordered medications for constipation management during 10/29/25 to 11/3/25.<br><br>On 11/21/25 at 8:25 AM, the CNO stated the nurse had not documented any bowel medication interventions for Resident #17 and should have.<br><br>2. Resident #20 was admitted to the facility initially on 11/15/18 with readmission on [DATE] with multiple diagnoses including dementia and anxiety.<br><br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Resident #20's physician orders for bowel care management were documented as:<br><br>- Bisacodyl Tablet Delayed Release, Give 10 mg by mouth every 24 hours as needed for constipation on Bowel Day 3. If no result within 24 hours follow bowel day 4. Start date 5/31/24<br><br>- Dulcolax Suppository 10 MG (Bisacodyl) Insert 1 suppository rectally as needed for Bowel Care Give day 4 (when) no bm. Notify provider when resident on Bowel ay 4. -Start Date 1/6/21<br><br>- Fleet Oil Enema (Mineral Oil) Insert 1 dose rectally every 24 hours as needed for constipation on Bowel Day 5. -Start Date 1/6/21<br><br>Resident #20 had a documented bowel movement on 11/7/25 at 3:23 PM and not again until 11/12/25 at 1:34 AM, over 106 hours with no documented bowel movement.<br><br>No documentation of Resident #20 receiving the physician ordered medications for constipation management during 11/7/25 to 11/12/25.<br><br>On 11/21/25 at 8:25 AM, the CNO stated the nurse had not documented any bowel medication interventions for Resident #20 and should have.<br><br>3. Resident #24 was admitted to the facility on [DATE], with multiple diagnoses including Alzheimer's disease and chronic kidney disease.<br><br>Resident #24's physician order related to bowel care issues were documented as:<br><br>- Bisacodyl Tablet Delayed Release, Give 10 mg by mouth every 24 hours as needed for constipation on Bowel Day 3. If no result within 24 hours follow bowel day 4. Start date 5/1/24<br><br>- Dulcolax Suppository 10 MG (Bisacodyl) Insert 1 suppository rectally as needed for Bowel Care, Give day 4 (when) no BM. If no results in 24 hours, see Fleets Enema order. -Start Date 5/31/24<br><br>- Fleet Enema 7-19 GM/118ML (Sodium Phosphates) Insert 1 unit rectally as needed for Bowel Care, Give day 5 (when) no BM. Complete bowel assessment and notify MD if no results. -Start Date 5/31/24<br><br>- Polyethylene Glycol 3350, Give 17 gram by mouth as needed for Bowel Care, Mix with 4-6 oz. of juice or water. -Start Date 9/27/23<br><br>Resident #24 had a documented bowel movement on 11/6/25 and not again until 11/11/25 at 17:57, over 108 hours with no documented bowel movement.<br><br>None of Resident #24's physician ordered medication for constipation were given from 11/6/25 until 11/11/25.<br><br>On 11/11/25 at 4:56 AM, Resident #24's medical record had documented Dulcolax was given.<br><br>On 11/20/25 at 9:20 AM, the CNO stated the nurse assigned to that building had not documented any bowel medication interventions for Resident #24 from 11/6/25 until 11/11/25 and should have.<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 4. Resident #30 was admitted to the facility initially on 10/16/25 with readmission on [DATE] with multiple diagnoses including transient cerebral ischemic attack (a brief stroke-like event) and anxiety.<br><br>Resident #30's physician orders for bowel care management were documented as:<br><br>- Bisacodyl Tablet Delayed Release, Give 10 mg by mouth every 24 hours as needed for constipation on Bowel Day 3. If no result within 24 hours follow bowel day 4. Start date 11/6/25<br><br>- Dulcolax Suppository 10 MG (Bisacodyl) Insert 1 unit rectally every 24 hours as needed for constipation on Bowel Day 4 -Start Date 11/6/25<br><br>- Fleet Enema Enema 7-19 GM/118ML (Sodium Phosphates) Insert 1 application rectally as needed for constipation on Bowel Day 5. Notify MD, note bowel evaluation. -Start Date 11/6/25<br><br>Resident #30 had a documented bowel movement on 11/14/25 at 3:38 PM and not again until 11/19/25 at 5:19 AM, over 110 hours with no documented bowel movement.<br><br>No documentation of Resident #30 receiving the physician ordered medications for constipation management during 11/14/25 to 11/19/25.<br><br>On 11/21/25 at 8:25 AM, the CNO stated the nurse had not documented any bowel medication interventions for Resident #30 and should have. |

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| F 0732<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Post nurse staffing information every day.<br><br>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:On 11/19/25 at 2:45 PM, the surveyor noted the posted daily licensed and CNA staffing list had the scheduled hours listed at 72 hours for days and 48 hours for nights but not the actual hours worked for RN, LPN, and CNA as required. Additionally, the daily staffing sheet for 2/12/25 had not been completed with any staffing information.On 11/19/25 at 3:30 PM, the CEO stated the posted daily staffing list should have had scheduled and actual hours worked for each of the nursing categories and had not. |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 1 of 2 medication carts reviewed. 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 11/18/25 at 11:20 AM, during the [NAME] Unit medication cart audit, observed the narcotic accountability sheets, dated 11/1/25 to 11/18/25, with 1 licensed nurse signature not documented. On 11/18/25 at 11:22 AM, LPN #1 stated two nurses should have signed the narcotic accountability sheet when they accepted the medication cart or released the medication cart. On 11/20/25 at 4:40 PM, during the [NAME] Unit medication cart audit, observed the narcotic accountability sheets, dated 11/1/25 to 11/20/25, with 1 licensed nurse signature not documented. On 11/20/25 at 4:41 PM, RN #2 stated I should have signed the narcotic accountability sheet this morning when I accepted the medication cart but did not. On 11/21/25 at 8:05 AM, the CNO stated two nurses should have signed the narcotic accountability record when they accepted the medication cart or released the medication cart. |

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| F 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that residents are free from significant medication errors.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to ensure residents were free of medication preparation and administration errors for 1 of 1 resident (Resident #9) observed for medication preparation and administration of insulin. This failed practice placed the resident at risk for not receiving their prescribed medication dosage and other adverse outcomes. Findings include: Resident #9 was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE], with multiple diagnoses which include diabetes and heart failure. Resident #9's physician orders documented Novolog OG Injection Solution inject 15 IU subcutaneously three times a day related to Type 2 Diabetes Mellitus and Novolog Injection Solution as per sliding scale: blood sugar 70-149 = 0 units, 150-199 = 1 unit, 200-249 = 2 units. On 11/20/25 at 11:30 AM, observed RN #2 remove Novolog insulin pen from the medication cart and dial the insulin pen to 15 Units as ordered plus 2 units for the sliding scale for a total of 17 units (Resident #9's blood glucose was 233). RN #2 did not prime the insulin pen with 2 Units before dialing the ordered dose. On 11/20/25 at 11:35 AM, RN #2 administered the Novolog insulin to Resident #9. On 11/20/25 at 11:45 AM, RN #2 stated he did not prime the insulin pen and was unaware of the need to prior to administering insulin. On 11/21/25 at 8:10 AM, the CNO stated insulin pens should be primed with 2 units prior to administering the ordered insulin dosage. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, State Operations Manual Appendix PP, and staff interviews it was determined the facility failed to ensure medications were properly stored, not expired, and biologicals were labeled when opened. This was true for the [NAME] Unit and the [NAME] Unit. This failure created the potential for residents to receive expired medications with decreased efficacy, use of expired biologicals, and the potential for theft and/or diversion. Findings include:The State Operations Manual, Appendix PP, updated 8/8/24, Schedule II-V medications must be maintained in separately locked, permanently affixed compartments. 1. On 11/19/25 at 8:52 AM, observed the following in the [NAME] and [NAME] medication storage cabinets: - one bottle of Mucus Relief 400 mg with an expiration date of 6/11/25- one bottle of Mucus Relief 400 mg with a date of 6/24 marked on the bottle. LPN #1 unable to state if the marking was month and year or month and day.- one bottle of Sunmark B6 vitamins 100 mg with an expiration date of 7/2025- two bottles of Aspirin 325 mg with an expiration date of 10/2025- one opened bottle of Melatonin 50 mg with no open date - one opened bottle of Folic Acid 400 mcg with no open date- one Albuterol inhaler with an expiration date printed on the inhaler of 3/21/25 On 11/19/25 at 4:07 PM, the Clinical Resource Nurse stated the expired medications should have been removed from the storage cabinets and had not been. 2.The following was observed for biologicals.On 11/18/25 at 11:20 AM, one set (2 bottles) of glucose test solutions with an expiration date printed on one bottle of 10/10/25 and one bottle of 10/12/25. On 11/18/25 at 11:25 AM, observed bottle of glucose test strips with expiration date printed on bottle of 11/5/25.On 11/20/25 at 4:15 PM, the Clinical Resource Nurse stated the glucose test solution and strips were expired and should have been removed from the cart and had not been.3. The following was observed during the medication cart audits. On 11/19/25 at 11:05 AM, the [NAME] Unit medication cart was audited with LPN #2 present. Observed on the bottom of the 3rd drawer 1 small yellow tablet, 1 green tablet, 1 oval shaped white tablet, and 1 small light red tablet. On 11/19/25 at 11:13 AM, LPN #2 stated the pills should not have been loose in the medication cart. On 11/19/25 at 11:20 AM, the [NAME] Unit medication cart was audited with LPN #1 present. Observed on the bottom of the 3rd drawer 3 oval white pills and 1 small oval pink pill. Surveyor observed one of the medication cart organizer trays with a dark orange colored dried sediment on the inside edges of the tray. On 11/19/25 at 11:42 AM, LPN #1 stated the pills should not have been loose in the medication cart and should have been destroyed. On 11/21/25 at 8:20 AM, the CNO stated the medication carts should be clean and the nurses should have destroyed the loose pills. 4. The following was observed for controlled medications. On 11/19/25 at 11:50 AM, observed in the [NAME] Unit medication refrigerator, lorazepam (Schedule IV controlled medication) stored in a removable green plastic box on the medication refrigerator shelf. On 11/19/25 at 12:10 PM, observed in the [NAME] Unit medication refrigerator, lorazepam (Schedule IV controlled medication) stored in a removable gray plastic bath basin on the medication refrigerator shelf. On 11/21/25 at 8:14 AM, the Clinical Resource Nurse stated the controlled medication for the [NAME] Unit and [NAME] Unit should have been in an affixed box in the medication refrigerators and were not. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, policy review, and review of the Idaho Food Code, the facility failed to appropriately store, distribute, and label foods. 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 Idaho Food Code, revised February 2021, stated, 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking . refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.The facility Food Safety and Storage policy dated 11/28/17, documented under Labeling and Rotation:- Opened or repackaged food must be labeled with contents and use-by-date.- Food removed from original packaging must be labeled with its common name (unless clearly identifiable) and use-by or expiration date. On 11/18/25 at 9:20 AM, the following was observed in the [NAME] kitchen dry food storage area and again with the Culinary Manager present at 1:30 PM:- Unopened Home Brand Syrup with best used date of 10/28/25. - Opened Marshmallow syrup with no opened date.- Opened Peach syrup with no opened date and best used date of 3/20/25.- Opened [NAME] Bag was not properly sealed and was spilling out rice.On 11/18/25 at 9:25 AM, the following was observed in the [NAME] kitchen prep area and again with the Culinary Manager present at 1:32 PM:- Squeeze bottle and small plastic tub were not labeled with contents, or use-by-dates. The contents were later identified by the cook as melted butter.On 11/18/25 at 9:27 AM, the following was observed in the [NAME] kitchen area:- Observed cook #1 with gloved hands, cutting up bell peppers. She then slipped on oven mitts over her gloved hands to remove some items from the oven. [NAME] #1 removed the oven mitts to continue cutting the bell peppers with the same gloves with no hand washing or change of gloves. On 11/18/25 at 9:30 AM, the following was observed in the [NAME] reach-in freezer and refrigerator area and again with the Culinary Manager present at 1:35 PM:- Opened bag of broccoli that had not been labeled with opened date.- Half cut onion and half cut head of lettuce both wrapped in saran wrap plastic, with no opened dated.- Observed dirt and food particles on top of the refrigerator that had large cooking pots stored upside down on top of refrigerator.On 11/18/25 at 10:00 AM, the following was observed in the [NAME] kitchen dry food storage area and again with the Culinary Manager present at 1:40 PM:- Krusteaz buttermilk pancake mix with open date of 6/25 but no use by date on it. On 11/18/25 at 10:05 AM, the following was observed in the [NAME] reach-in freezer and refrigerator area and again with the Culinary Manager present at 1:42 PM:Reach in Refrigerator:- Open container of cranberry juice without opened date labeled. On 11/18/25 at 4:30 PM, the Culinary Manager stated those food items without opened dates or use by dates should have been discarded and were not. |