

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2025
NAME OF PROVIDER OR SUPPLIER Cascades at Desert View		STREET ADDRESS, CITY, STATE, ZIP CODE 820 Sprague Avenue Buhl, ID 83316	
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 observations, staff interviews, and review of the facility's sanitation policy, the facility failed to ensure: A) dishwasher temperatures were maintained to ensure proper sanitation of dishware, B) fire sprinklers and alarms were maintained in clean and sanitary condition, and C) food was stored in an unsanitary manner. These failures created the potential for cross-contamination and adverse health outcomes, including foodborne illness. Findings include: The facility's sanitation policy, revised May 2024, documented that all kitchen and dining areas must be kept clean, free from garbage and debris, and protected from rodents and insects. It also documented that the low-temperature dishwasher must maintain a wash cycle temperature of 120 F, rinse with 50 parts per million hypochlorite on dish surfaces, and that chemical concentrations must be tested on ce per shift.1. On 10/24/25 at 7:10 AM, the Certified Dietary Manager (CDM) was observed washing kitchen utensils and placing them in storage. During the second cycle, the dishwasher reached only 100 F during the wash cycle. A second set of dishes was placed in the dishwasher, and again the wash cycle reached only 100 F. On 10/24/25 at 7:20 AM, the CDM stated the dishwasher should reach 120 F and acknowledged that dishes washed below this temperature were not properly sanitized.2. On 10/23/25 at 9:57 PM, during a kitchen inspection, two fire sprinklers and two smoke alarms were observed with a thick layer of peppered particles. The particles extended from the top of the sprinklers down to the water lines. On 10/24/25 at 9:41 AM, the CDM stated she had been instructed not to clean the sprinklers or alarms, as they were the responsibility of the Maintenance Director. On 10/24/25 at 9:45 AM, the Maintenance Director acknowledged the sprinklers and alarms were excessively dirty but stated he had not cleaned them because the kitchen was not his department. He confirmed he was responsible for facility maintenance and declined to comment on why the sprinklers and alarms had not been cleaned.3. On 10/24/25 at 9:34 AM, [NAME] #1 was observed removing a box of beef patties from the freezer and placing it on the kitchen counter next to an open drink. She opened the box, exposing the patties, and then left the kitchen through the back door. On 10/24/25 at 9:50 AM, the CDM stated personal drinks should not be present in food preparation areas and confirmed that leaving meat uncovered was unsanitary.		

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, record review, and staff interview, it was determined the facility failed to ensure their pest control program was effective in the kitchen. This failure impacted the 33 residents residing in the facility who ate food prepared in the facility's kitchen. The cockroach infestation created the potential for harm. Finding include: On 10/23/25 at 10:12 PM the kitchen of the facility was observed, the kitchen door was not locked, when the door was opened, a cockroach was observed scurrying from under the dishwashing area toward the ice machine. There was a strong chemical odor in the kitchen. Parts of the kitchen were draped in thin plastic sheathing, and the floor was noted to be damp in areas. A cockroach was observed on its back flailing it's legs in the walkway between the food service tray line and the coffee preparation area. Brown, coffee ground like droppings were observed behind kitchen equipment on a countertop. Live cockroaches were observed crawling on the floor, in kitchen cabinets and drawers, on packaged food products, and under the oven. Dead cockroaches were observed under sink areas, in utensil drawers, and around the garbage cans. On 10/23/25 at 11:21 PM, the Maintenance Director stated a pest control company came to the facility and sprayed pesticide in the kitchen at 6:00 PM that day. He added, this was a special in-depth treatment by the pest control company, rather than a routine visit and treatment. On 10/23/25 at 11:58 PM, the Maintenance Director stated the cockroaches started becoming an issue the end of 2024, beginning of 2025 and added, they seem to have gotten worse in the last month. On 9/19/25, the pest control company service record documented, Cockroach activity is heavy in the kitchen. Will be scheduling a cockroach treatment for next month. On 10/24/25 at 12:25 AM, the Maintenance Director stated the pest control company had not been to the facility for their monthly service in October and the facility had not scheduled a special treatment for the kitchen until that day, 10/23/25. When asked, why did it take so long for action to be taken about the cockroaches?, the Maintenance Director and Certified Dietary Manager did not respond.		