STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135090	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shaw Mountain of Cascadia	909 Reserve Street Boise, ID 83712

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and policy review, the facility failed to ensure the Preadmission Screening and Resident Review (PASARR) level one screen was updated with a new major mental illness diagnosis for one of two residents (Resident (R) 19) reviewed for PASARR out of a total of 26 sample residents. This created a potential failure to identify what specialized or rehabilitative services the resident needed and whether placement in the facility was appropriate. Findings include: Review of R19's admission Minimum Data Set (MDS), located in the EMR under the MDS tab, with an Assessment Reference Date (ARD) of 03/30/26, revealed R19 was admitted to the facility on [DATE]. R19 had a Brief Interview for Mental Status (BIMS) score of three out of 15, which indicated R19 had sever cognitive deficits. Per the MDS, R19 had a diagnosis of Post Traumatic Stress Disorder (PTSD). Review of R19's Idaho Preadmission Screening and Review (PASRR) Level 1 HW00087, dated 03/19/26 and located in the EMR under the Documents tab, revealed in Section 1 under Does the individual have an of the following Major Mental Illnesses (MMI)? No was checked. PTSD was included on the form as a major mental illness, however the form did not indicate this as a diagnosis for R19. Review of R19's Interim History and Physical, dated 03/25/26 and located in the EMR under the Documents tab, revealed R19 had a diagnosis of PTSD. During an interview on 05/13/26 at 4:26 PM, the Social Services Director (SSD) stated he reviewed the resident hospital records and chart to ensure the diagnosis listed on the admitting PASARR matched with the resident has. The SSD confirmed R19 admitted with the diagnosis of PTSD. The SSD stated he missed the PTSD diagnosis and it should have been marked on the PASARR. During an interview on 05/14/26 at 11:17 AM with the Director of Nursing (DON) and the Administrator, the DON stated her expectation was to have all the PASSARs correct and if they were not correct at admission a new one should have been submitted. Review of facility policy titled Pre-admission Screening & Resident Review (PASRR) Process, dated 08/19/25, specified The facility will ensure that potential admission are screened for possible serious mental disorders or intellectual disabilities and related conditions.this is completed prior to admission.A positive level I PASARR screen necessitates an in-depth evaluation of the individual by the state-designated authority, knowns as a PASSAR level two II, which is to be conducted prior to admission unless otherwise authorized by such agency.

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interview, the facility failed to ensure respiratory equipment was stored in a sanitary manner for one resident of two residents (Resident (R) 67) reviewed for respiratory care out of a total sample of 26. This failure had the potential to expose the resident to infections. Findings include:Review of R67's admission Record, located in the electronic medical record (EMR) under the Profile tab, revealed R67 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD) and unspecified dementia. Review of R67's quarterly Minimum Data Set (MDS), located in the EMR under the MDS tab, with an Assessment Reference Date (ARD) of 02/20/26, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 00 out of 15, which indicated R61 had intact cognition. Review of R67's Care Plan Report, located in the EMR under Care Plans tab, revealed a focus dated 12/27/24 which indicated R67 had terminal prognosis due to COPD. An intervention for staff was to administer medications as ordered by the physician. A care plan revealed a focus, dated 12/27/24 which indicated R67 had shortness of breath (SOB). An intervention instructed staff to administer inhaler as ordered. Review of R67's Physician Orders, located in the EMR under the Orders tab, revealed the following order, dated 01/14/25, ipratropium-albuterol inhalation solution 0.5-2.5 (3) milligram (mg)/3 milliliter (ml) two times a day related to COPD. During an observation in R67's shared room on 05/11/26 at 3:53 PM, R67's nebulizer mask was lying on top of the machine. During an interview on 05/11/26 at 3:55 PM, Certified Nurse Aide (CNA) 1, confirmed R67's nebulizer mask was lying on top of the machine. During an observation in R67's shared room on 05/13/26 at 8:42 AM, R67's nebulizer mask was lying on top of the machine. During an interview on 05/13/26 at 8:44 AM, Nurse Aide in training (NA1), confirmed R67 nebulizer mask was lying on top of the machine. During an interview on 05/13/26 at 3:33 PM, Licensed Practical Nurse (LPN) 1 stated the masks were cleaned after use, dried and stored on the top of the machine. She confirmed this could be an infection control issue. During a subsequent observation LPN1 confirmed R67's nebulizer mask was on top of the machine. During an interview on 05/14/26 at 11:17 AM, with the Director of Nursing (DON) and the Administrator, the DON stated the mask should be washed, dried and placed on a clean surface. She stated she did not know the policy specified the mask should be stored in a plastic bag when not in use but confirmed it could be an infection control issue. Review of facility policy titled Oxygen Administration, Safety, Storage, & Maintenance, dated 10/10/25, specified The facility will administer, story, and maintain supplemental oxygen safely in accordance with current standards of practice and licensed practioner orders. Store oxygen and respiratory supplies in a plastic bag when not in use.

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, interview, and facility policy review, the facility failed to adhere to infection control practices and policies during wound care when staff failed to wear a gown for one resident (Resident (R) 36) on Enhanced Barrier Precautions (EBP) and failed to implement EBP for one resident (R92) with open wounds requiring dressing changes of three residents observed for wound care in a total sample of 26 residents. The deficient practice increased the risk for cross contamination and infections. Findings include:1. Review of R36's admission Record, located under the Profile tab of the electronic medical record (EMR), revealed R36 was originally admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses including cerebrovascular disease, neuromuscular dysfunction of bladder, and diabetes mellitus. Review of the quarterly Minimum Data Set (MDS), located under the MDS tab of the EMR, with an Assessment Reference Date (ARD) of 03/16/26 revealed R36 had a Brief Interview for Mental Status (BIMS) score of nine out of 15 which indicated R36 had moderate cognitive impairment. The assessment documented that R36 had an indwelling urinary catheter. Review of R36's Orders, located under the Orders tab of the EMR, revealed an order for Enhanced barrier precautions for Foley Catheter. Gown and gloves required for high-contact patient care with foley catheter device. Gown and gloves are not required when not performing high-contact care. Resident may leave room which originated on 03/11/24. Review of R36's care plan, located under the Care Plan tab in the EMR, revealed R36 had an indwelling catheter and was on enhanced barrier precautions. During an observation on 05/13/26 at 10:06 AM, Registered Nurse (RN) 1 and Certified Nurse Aide (CNA) 5 entered R36's room to perform urinary catheter care and wound care. Posted on R36's room door was a blue sign that stated: Visitors and personnel – gown and gloves required for high-contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, toileting or changing briefs, device care or use (central line, catheter, feeding tube, tracheostomy), wound care: any requiring a dressing. Catheter was circled. RN1 and CNA5 performed hand hygiene, donned gown and gloves, and completed catheter care. Once completed with catheter care RN1 told CNA5 We can take our gowns off since EBP is only for the catheter. RN1 and CNA5 removed their gown and gloves, performed hand hygiene and donned clean gloves. CNA5 positioned the resident so RN1 could perform a dressing change to R36's right heel and pinky toe. R36's right heel skin was intact but red and the pinky toe was scabbed. During an observation on 05/13/26 at 10:31 AM, RN1 and Nurse Aide (NA) 2 entered R92's room to perform wound care. R92 did not have an EBP sign or personal protective equipment (PPE) outside the door. RN1 and NA2 performed hand hygiene, donned gloves, and completed wound care. RN1 and NA2 did not wear gowns while performing wound care. R92 had open wounds to her posterior right lower extremity, inner left lower extremity, and outer left lower extremity. Dressing changes included cleansing the wounds, applying collagen with wound gel and alginate dressing, covered with border gauze dressings. During an interview on 05/13/26 at 10:58 AM, RN1 stated, Wounds that would require EBP would include chronic wounds, pressure, venous and arterial wounds . EBP would only be required for the specific situation requiring EBP. [R36] only requires EBP while caring for her catheter. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/13/26 at 11:29 AM, CNA5 stated I look on the sign to find out what we need to gown up for. [R36] is on precautions for her catheter care. I would gown up only if providing catheter care, brief care, or taking her to the bathroom. I would not gown up if transferring her from bed to chair since I'm not having contact with her catheter. During an interview on 05/14/26 at 11:37 AM, the IP stated EBP was for chronic wounds, indwelling devices such as peripherally inserted catheters (PICC) foley catheters, feeding tubes, and nonhealing surgical wounds. Acute wounds would usually be less than 30 days and chronic is longer. If a resident has a foley catheter, then staff would only need to gown up and use gloves. If they are transferring, staff do not need to gown up. Staff would only need to gown up if providing care to the foley catheter. During an interview on 05/14/26 at 1:24 PM, the Director of Nursing (DON) stated, EBP is for residents with devices or dressing changes to prevent MDRO [multidrug resistant organisms]. Even if staff are not providing care specifically for the foley catheter, staff should still be wearing gown and gloves. 2. Review of R92's admission Record, located under the Profile tab of the EMR, revealed R92 was admitted to the facility on [DATE] with diagnoses including peripheral vascular disease and immunodeficiency depression. Review of the annual MDS, located under the MDS tab of the EMR, with an ARD of 03/18/26 revealed R92 had a BIMS score of 10 out of 15 which indicated R92 had moderate cognitive impairment. Review of R92's Progress notes, located under the Prog notes tab of the EMR, revealed documentation of the left and right posterior leg wounds had originated as skin tears on 04/04/26 and were slowly healing as of 04/15/26. The lower left lateral leg wound was a skin tear originated on 04/17/26. Review of R92's Orders, located under the Orders tab in the EMR, revealed R92 had wound care orders to right and left posterior legs and left lateral leg that included Gently cleanse with wound cleanser and gauze. Pat dry with clean gauze. Treat periwound [zone of tissue surrounding the wound] with skin prep. Apply collagen mixed with wound gel to wound bed. Follow with alginate. Cover with Border gauze dressing which originated on 05/12/26. There was not order for enhanced barrier precautions. Review of R92's care plan, located under the Care Plan tab in the EMR, revealed R92 had the potential for alteration in skin related to decreased mobility, peripheral vascular disease, and oxygen use. During an observation on 05/13/26 at 10:31 AM, RN1 and Nurse Aide (NA) 2 entered R92's room to perform wound care. R92 did not have an EBP sign or personal protective equipment (PPE) outside the door. RN1 and NA2 performed hand hygiene, donned gloves, and completed wound care. RN1 and NA2 did not wear gowns while performing wound care. R92 had open wounds to her posterior right lower extremity, inner left lower extremity, and outer left lower extremity. Dressing changes included cleansing the wounds, applying collagen with wound gel and alginate dressing, covered with border gauze dressings. During an interview on 05/13/26 at 10:58 AM, RN1 stated, Wounds that would require EBP would include chronic wounds, pressure, venous and arterial wounds. [R92's] are open but acute. They are not chronic. The Infection Preventionist (IP) determines which residents are placed on EBP (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/14/26 at 11:37 AM, the IP reviewed wound care orders for R92 and stated [R92] has open wounds and should be on EBP. Review of the facility's policy titled, Enhanced Barrier Precautions, dated 09/20/25, provided by the facility indicated, This facility utilizes Enhanced Barrier Precautions (EBP) as an additional mitigation strategy to reduce transmission of multidrug resistant organisms (MDROs) within the facility. This policy aligns with the Centers for Disease Control and Prevention (CDCs) guidelines. Definitions. Adhesive dressing: Refers to a type of wound dressing that is widely used for minor injuries such as cuts, scrapes, burns, blisters, insect bites and splinters. They are flexible, sterile strips with an adhesive coating made of various materials such as fabric, plastic or latex. High contact care activities: include dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, medical device care or use, and wound care. This practice is applied for residents that meet the following criteria; . Chronic wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. The intent of EBP with chronic wounds is to focus on residents with a higher risk of acquiring an MDRO over a prolonged period of time. Therefore, chronic wounds include but are not limited to pressure ulcers, diabetic foot ulcers; unhealed surgical wounds, and venous stasis ulcers. Shorter-lasting wounds do not require EBP, such as skin breaks or skin tears covered with an adhesive bandage or similar dressing. Indwelling medical device examples include but are not limited to . urinary catheters, . PPE for enhanced barrier precautions is only necessary when performing high-contact care activities.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy review, the facility failed to offer pneumococcal vaccines based on Centers for Disease Control and Prevention (CDC) guidelines for one of five residents (Resident (R) 51) reviewed for immunizations out of a total of 26 sample residents. The deficient practice had the potential to increase the risk for this resident to contract pneumonia. Findings include:Review of R51's admission Record, located under the Profile tab in the electronic medical record (EMR), indicated R51 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus, chronic kidney disease, and history of malignant neoplasm of breast. R51 was over [AGE] years of age. Review of R51's Immunizations, located under the Immunizations tab, and Immunization Record, located under the Documents tab, in the EMR revealed R51 had received PPSV23 (pneumococcal polysaccharide vaccine) on 06/07/04 and Prevnar 13 (also known as PCV13, a pneumococcal conjugate vaccine) on 11/04/14. R51 was older than [AGE] years of age when vaccinated. Review of R51's Informed Consent Form for vaccines, located under the Documents tab in the EMR and dated 09/17/25, revealed the Pneumococcal section had not needed written with PPSV23 received on 06/07/04 and Prevnar 13 received on 11/04/14. During an interview on 05/14/26 at 11:31 AM, the Assistant Director of Nursing/Infection Preventionist (ADON/IP) reviewed R51 vaccine records and stated, I keep track of resident vaccine records on a spreadsheet. [R51] had received PCV13 and PPSV23. She is not fully vaccinated according to the CDC. She should have been offered the PCV20. I'm not sure why 'not needed' was written on her consent form. During an interview on 05/14/26 at 1:24 PM, the Director of Nursing (DON) stated, My expectation is that residents' vaccine status is reviewed on admission and tracked when due. I would expect the IP nurse to review pneumonia vaccine status to determine if the resident is fully vaccinated and offer the vaccine if not fully vaccinated. Review of the facility's policy titled, Pneumococcal Vaccination for Residents, revised 09/25/25, indicated, Pneumococcal disease poses significant risks due to its major clinical syndromes-pneumonia, bacteremia, and meningitis-which contribute to serious morbidity and mortality. In alignment with the recommendations of the Advisory Committee on Immunizations Practices (ACIP) and the Centers for Medicare & Medicaid Services (CMS), the facility is committed to ensuring that all eligible residents are offered pneumococcal vaccination. This proactive approach aims to reduce the risk of pneumococcal-related complications, hospitalizations, and mortality, thereby promoting the health and well-being of ourresident population. If the resident has previously received one or more of the other vaccines the facility should consult with the primary provider to determine what vaccination would be clinically indicated for the resident. The CDC recommendations for Pneumococcal Vaccine schedules can be found here: https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/index.html. Review of CDC Adult Immunization Schedule, dated 07/02/25, located at https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-notes.html#note-pneumo, revealed Previously received both PCV13 and PPSV23, AND PPSV23 was received at age [AGE] years or older: Based on shared clinical decision–making, 1 dose of PCV20 or 1 dose of PCV21 at least 5 years after the last pneumococcal vaccine dose.