STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135092	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eagle Rock Health and Rehabilitation of Cascadia	840 East Elva Street Idaho Falls, ID 83401

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 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews, it was determined the facility failed to ensure residents received prior written rationale regarding room changes. This was true for 1 of 3 residents (Resident #5) whose records were reviewed. This deficient practice placed residents at risk of embarrassment and diminished sense of worth. Findings include:Resident #5 was admitted to the facility on [DATE], with multiple diagnoses including chronic obstructive pulmonary disease (a progressive lung disease characterized by persistent airflow limitation and respiratory symptoms such as chronic cough, sputum, shortness of breath, and exacerbations) and diabetes.On 9/15/25 at 8:20 AM, the facility provided resident listing had Resident #5 documented as being in room [ROOM NUMBER]. On 9/15/25 at 8:25 AM, the surveyor found room [ROOM NUMBER] empty and RN#1 stated the resident had been moved to room [ROOM NUMBER] over the weekend. On 9/15/25 at 11:00 AM, Resident #5's medical record had no documentation of the written notice given to the resident regarding the nature of the room transfer. On 9/15/25 at 1:35 PM, the Director of Clinical Services stated there should have been written documentation notifying the resident of the nature and date of the move and there was none.

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 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 interview, policy review, and record review, the facility failed to ensure a copy of the residents' discharge or transfer notices were sent to the Office of the State Long Term Care (LTC) Ombudsman. This was true for 3 of 3 Residents (#9, #17, #23) reviewed for Ombudsman notification. This failed practice had the potential to affect all residents by; 1) denying residents the added protection from being inappropriately discharged ; 2) providing the residents with access to an advocate who can inform them of their options and rights; and 3) ensuring the Office of the State LTC Ombudsman was aware of facility practices and activities related to transfers and discharges. Findings include: Review of the facility's Discharge and Transfer policy with revision date 4/17/25, documented a copy of the notice of discharge or tranfer is sent to a representative of the Office of the State Long Term Care (LTC) Ombudsman.notices will be sent monthly.a. Resident #9 was admitted to the facility on [DATE], with multiple diagnoses including fracture of sacrum (bony structure located at the base of the lower back) and diabetes.Resident #9 was transferred from the facility to the emergency department on 3/4/25. Resident #9's record did not include documentation that a Notice of Transfer was provided to the State Ombudsman.b. Resident #17 was admitted to the facility on [DATE], with readmission on [DATE], with multiple diagnoses including hemiplegia (total or partial paralysis of one side of the body) and heart disease.Resident #17 was transferred from the facility to the emergency department and did not return to the facility on 3/14/25. Resident #17's record did not include documentation that a Notice of Transfer was provided to the State Ombudsman.c. Resident #23 was admitted to the facility on [DATE], with multiple diagnoses including heart disease and diabetes.Resident #23 was discharged from the facility to an assisted living facility (ALF) on 4/11/25. Resident #23's record did not include documentation that a Notice of Discharge was provided to the State Ombudsman.On 9/15/25 at 4:12 PM, the Region 6 State Ombudsman stated the facility had not sent resident Notices of Discharge or Transfer to the Ombudsman's office during the months of March, April, May and part of June 2025.On 9/15/25 at 4:39 PM, the Director of Clinical Services stated the Social Worker had left the facility in the third week of March 2025 and the Notices of Discharge or Transfer had not been sent to the Ombudsman during the months of March, April, May and part of June 2025 and should have been.

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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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, policy review, resident and staff interview, it was determined the facility failed to ensure resident meals were prepared and accommodated resident allergies, intolerances, and preferences to meet individual resident needs. This was true for 1 of 3 residents (Resident #5) who were interviewed about food services and had the potential to affect all residents with special dietary needs who dined in the facility. This failed practice had the potential to negatively affect residents' nutritional status and psychosocial well-being. Findings include:The facility's Nutrition policy dated 8/1/23, documented the facility provides nutritional and hydration care and services to each resident, consistent with the resident's comprehensive assessment and provides a therapeutic diet that considers the resident's clinical condition, and preferences. Resident #5 was admitted to the facility on [DATE], with multiple diagnoses including chronic obstructive pulmonary disease (a progressive lung disease characterized by persistent airflow limitation and respiratory symptoms such as chronic cough, sputum, shortness of breath, and exacerbations) and diabetes.On 9/15/25 at 9:45 AM, Resident #5 stated he was allergic to tomatoes, and he was served chicken with a red sauce over the weekend which he thought contained tomato-based products so he could not eat the meal. Resident #5's medical record documented he had melon and tomato allergies.On 9/15/25 at 11:25 AM, observed Resident #5's printed meal ticket which documented he had melon and tomato allergies.On 9/15/25 at 1:10 PM, the food service manager stated after further investigation, she confirmed that Resident #5 had been served chicken with a tomato-based sauce and should not have been.