

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	

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)
<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>35690</p> <p>Based on interview, record review, and policy review, the facility failed to ensure grievances were promptly resolved and ensure all written grievance decisions included the date of the grievance, a summary of the resident's grievance, a summary of the findings, a statement as to whether the grievance was confirmed or not confirmed, corrective action taken as a result of the grievance, and the date the decision was issued. Specifically, the facility failed to ensure grievances about call lights, voiced by residents during resident council were documented, investigated, resolved, and followed up on by the facility. This failure had the potential to placed residents at risk of ongoing frustration and decreased self-worth, as well as, unmet care needs, when issues of concern to them were not promptly addressed by the facility. Finding include:</p> <p>The facility's Resident Council policy, dated 5/24/19, documented that actions need to be taken to address needs or concerns expressed by the Resident Council members with the minutes and/or grievance tool.</p> <p>The Resident Council minutes from January 2024 through June 2024 documented residents' concerns. Examples include:</p> <p>a. Resident Council Meeting minutes, dated 1/25/24, documented one staff attended and 29 residents attended. The Hot Topics section of the Resident Council Meeting Minutes documented residents still have the same concern as last month with the call lights not being answered to their liking.</p> <p>b. Resident Council Meeting minutes, dated 2/13/24, documented two staff and 15 residents attended. The Hot Topics section of the Resident Council Minutes documented residents still have the same concern as last month with the call lights not being answered to their liking. They have a concern about CNAs leaving dirty linen in their room when they leave.</p> <p>c. Resident Council Meeting minutes, dated 3/26/24, documented one staff and 15 residents attended. The Hot Topics section of the Resident Council Minutes documented residents mention that they would like more communication when receiving care and call lights are still not being answered to their liking, Director of Nursing (DON) notified.</p> <p>d. Resident Council Meeting minutes, dated 5/30/24, documented one staff and 18 residents attended. The Hot Topics section of the Resident Council Meeting Minutes documented The CNAs have gotten better with answer[sic] lights to their liking, still struggling on Hall 5 . The residents on Halls 1 and 2 would like the CNAs to pay more attention to the lights when sitting at the nursing station.</p> <p>(continued on next page)</p>

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: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	
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)		
<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>e. Resident Council Meeting minutes, dated 6/25/24, documented one staff attended and 19 residents attended. The Hot Topics section of the Resident Council Meeting Minutes documented residents discussed call lights not being answered in a timely manner. Residents are concerned that the CNAs are turning lights off and not coming back in sufficient time.</p> <p>During an interview on 7/22/24 at 9:25 AM, Resident #74 stated there was often a delay with call lights being answered. She said sometimes she waited up to one hour.</p> <p>During an interview on 7/25/24 at 11:57 AM, the Licensed Master Social Worker (LMSW) said she was responsible for grievances. She said if the concern was related to resident care she would bring the grievance to the morning stand-up meeting. The concern would then go to the CNO for education. The LMSW said she had only been invited to Resident Council twice and was not involved in grievances brought up in Resident Council.</p> <p>During an interview on 7/25/24 at 4:06 PM, the Activities Director (AD) said she attends all Resident Council meetings to take notes and facilitate the meeting. She said everyone has trouble with call lights. She said she would talk to department managers and assume they would resolve it. She said if the residents brought it up again in Resident Council, she would speak to department managers again. The AD said there was not any kind of tracking system and said there was no way to see if the issue had been resolved.</p> <p>During an interview on 7/25/24 at 4:15 PM, the CNO stated she was unable to find any documented education or follow-up regarding Resident call lights. The CNO said a plan would be implemented to ensure concerns in Resident Council were followed up on and staff education would be documented.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	
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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50603</p> <p>Based on record review and staff interview, it was determined the facility failed to notify the physician of a significant change in weight loss. This deficiency had the potential to affect 1 of 1 resident (Resident #50) whose record was reviewed for timely physician notification. This placed the resident at risk of experiencing complications related to unexpected weight changes. Findings include:</p> <p>The Wellspring of Cascadia Resident Change of Condition policy states that, Upon recognition of a potentially life-threatening condition or significant change in status, the nurse should communicate with other health care providers to meet the needs of the resident. A change of condition may include . weight gain or loss no more than 5% body weight. Immediate notification to the physician should be [provided] at the time the event occurs, [or] as soon as possible.</p> <p>Resident #50 was admitted to the facility on [DATE], with multiple diagnoses including dementia and aphasia (an impairment of language due to brain injury, affecting the production or comprehension of speech and the ability to read or write).</p> <p>Resident #50's care plan documented that she was at risk for weight loss.</p> <p>On 7/1/24, Resident #50's weight was recorded at 126 pounds. This weight was documented as a 9.2% weight loss in one month.</p> <p>A review of records did not show any notification of the weight loss to Resident #50's doctor on 7/1/24.</p> <p>On 7/26/24 at 9:54 AM, the CNO reported she was unable to find a record of notification to the physician regarding Resident #50's weight loss on 7/1/24.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	
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)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07246</p> <p>Based on record review, policy review and staff interview, it was determined the facility failed to ensure investigation of allegation of verbal abuse and medication errors were thoroughly investigated. This was true for 2 of 2 residents (#44 and #81) reviewed for abuse and neglect. This failure created the potential for harm due to lack of an investigation. Findings include:</p> <p>The facility's Identification and Investigation of Abuse, Neglect and Misappropriation and Injuries or Unknown Origin policy, revised 8/1/23 documented the facility has processes in place to assist early detection and investigation for allegations of abuse, neglect, misappropriation, exploitation, and injuries of unknown origin. Evidence of investigation should be documented in accordance with Quality Assurance Performance Improvement protocols.</p> <p>Resident #81 was admitted to the facility on [DATE], with diagnosis of low back pain.</p> <p>A physician's order, documented Fentanyl (an opioid pain medication) patch 72-hour 25 mcg (micrograms)/hour apply one patch transdermal one time a day every three days for pain. Remove old patch before applying new every 72 hours with a start date of 6/14/21 and discontinue date of 1/15/23.</p> <p>A nurse's progress notes, dated 1/7/23, documented Resident #81 had been lethargic and confused during shift. Oxygen saturation was 80% with 2 liters of oxygen. Oxygen increased to 4 liters to maintain oxygen saturation at 94%. Resident #81 decreased in response to voice or pain. Checked resident for fentanyl patch, one was noted on the left shoulder dated 1/5/23 and a second patch was noted on his right mid back dated 1/2/23. The physician was notified after both patches were removed. At 1:51 PM an intramuscular Narcan (a drug to reverse opioid overdose) was given due to a drop in blood pressure at 57/38. The resident was noted to be diaphoretic and trying to move and open his eyes. Requested to send Resident #81 to the hospital.</p> <p>An attempt was made to interview the nurse who wrote the above note was unsuccessful.</p> <p>Review of the Narcotic Record Book provided by the facility documented that on 1/2/23 and on 1/5/23 a new Fentanyl patch was applied on each day and the old one was destroyed. The documentation on the Narcotic Book also documented that the old Fentanyl patches were destroyed and witnessed by to staff members.</p> <p>Review of the hospital Emergency Medicine provider addendum notes dated 1/7/23 revealed that that Resident #81 was found with decreased responsiveness hypoxia and severe hypotension. arrives profoundly hypotensive and altered presumed opiate overdose, . he did receive 0.4mg of IM Narcan and then 2mg of IV Narcan prehospital in addition to IV fluids with modest improvement in blood pressure and respiratory effort but patient remains unresponsive and not conversant .Narcan drip is ordered, 4 hours into the ED stay he still is nonverbal. Multiple metabolic abnormalities are found with acute renal failure, hypomagnesemia, these are corrected, he will require admission .</p> <p>During an interview with ACNO #2 on 7/25/24 at 2:40 PM, she stated that they were unable to find any documentation or incident report investigation regarding Resident #81 and the alleged fentanyl patch incident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	
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)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with LPN #3 on 7/26/24 at 12:15 PM, who was the nurse providing care to Resident #81 on 1/7/23, he stated he always applies the transdermal patch in a different body area and ensures the old patch is removed. LPN #3 also stated that the previous administration had investigated the fentanyl incident and they had cleared him of any wrongdoing. He further stated that all the fentanyl patches were accounted for, and it was concluded that there was no wrong doing. He additionally stated that he was discarding the patches in the sharps' container (500 Hall Med Cart) and that the prior administrative staff opened the sharps container and fished out the used Fentanyl patches with long needle nose pliers and that all the used discarded Fentanyl patches were found in the container.</p> <p>During an interview with the CNO on 7/26/24 at 3:20 PM, she stated that the current administration was new, and the incident with Resident #81 and the alleged fentanyl error occurred during the previous administration. The CNO further stated that there was no investigation found regarding Resident #81 nor was there any documentation found regarding the alleged improperly administered opiate medication.</p> <p>During an interview with the facility Attending Physician #1 on 7/26/23 at 3:26 PM, he stated that he was aware of Resident #81 and the alleged fentanyl incident. He stated that Resident #81 did not sustain a fentanyl overdose but was diagnosed with a urinary tract infection (UTI), chronic kidney disease, dehydration, and other co-morbidities when admitted to the hospital.</p> <p>36193</p> <p>2. The facility's Complaints and Grievances policy, revised 10/15/22, documented complaints were acknowledged, investigated, and the complainant apprised of progress toward a resolution and takes appropriate corrective action if the alleged violation is confirmed by the facility.</p> <p>Resident #44 was admitted to the facility on [DATE], with multiple diagnoses including osteomyelitis, paraplegia (paralysis of the lower body) and pressure ulcer of the sacral region (bottom of the spine).</p> <p>A Grievance report, dated 6/22/24, documented on 6/21/24 at approximately 11:00 PM, Resident #44 asked for pain medication. Resident #44 was told the nurse was on break and would come back in when he returned. The grievance report documented Resident #44 turned on his call light two more times and a CNA responded to him saying the nurse was helping others and would be in shortly. The report documented when the nurse did respond, the nurse yelled at him and stated don't disrespect me like that. Resident #44 stated the the nurse got in my face when he said it. He feels like the nurse hates him as this happens every time he has that nurse.</p> <p>The Grievance report documented the CNO spoke to LPN #2 the nurse identified on Resident #44's grievance. LPN #2 stated as soon as Resident #44 call light was on, staff were at his room and his medication was administered as ordered. LPN #2 stated Resident #44 became agitated and became aggressive, and was yelling out. LPN #2 stated he did not yell at Resident #44 but told him not to yell and disrespect him, the CNAs and his roommate with his yelling and curse words.</p> <p>There was no documentation other residents under the care of LPN #2 or other staff who worked on that day was interviewed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	
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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/25/24 at 3:27 PM, the CNO stated she interviewed Resident #44's roommate and he stated it was Resident #44 who was yelling and cursing. The CNO stated Resident #44's roommate apologized to the nurse for Resident #44's behavior that night. The CNO stated she did not document the conversation It was all verbal. The CNO also stated she did not feel like the incident had to be investigated because when she asked Resident #44 if it was more a customer service issue, Resident #44 stated yes, and it was settled that night.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50603</p> <p>Based on observation, record review, and staff interview, it was determined the facility failed to develop and implement comprehensive resident-centered care plans. This was true for 2 of 22 residents (#26 and #74) whose care plans were reviewed. These failures placed residents at risk of negative outcomes if services were not provided, or provided incorrectly, due to a lack of information in their care plan. Findings include:</p> <p>The facility's Comprehensive Resident Centered Care Plans policy, revised 10/15/22 documented a comprehensive care plan is developed consistent with the resident's specific conditions, risks, needs, behaviors, cultural expectations, preferences and with standards of practice including measurable objectives, interventions/services, and timetables to meet the resident's needs as identified in the resident's comprehensive assessment or as identified in relation to the resident's response to the interventions or changes in the resident's condition.</p> <p>Resident #26 was admitted to the facility on [DATE], with multiple diagnoses including infection and inflammatory reaction due to indwelling urethral catheter, acute kidney failure, chronic kidney disease, neuromuscular dysfunction of bladder, and retention of urine.</p> <p>A physician order, dated 6/1/24, documented EBP (enhanced barrier precaution) was necessary to care for an indwelling urinary (Foley) catheter, and to measure and record output.</p> <p>The MAR, dated 6/20/24, included a physician's order to change bag on tubing on admission and every 30 days at every day shift for 30 days for urinary catheter maintenance, to provide EBP for catheter care every shift for infection prevention for high contact patient care, and to cleanse and monitor hydration at every shift for indwelling catheter and hydration management.</p> <p>A review of Resident #26's care plan did not include catheter care, maintenance, or monitoring.</p> <p>On 7/26/24 at 8:38 AM, after reviewing Resident #26's records, the CNO stated she could not explain why catheter care was not included on the care plan.</p> <p>35690</p> <p>The facility's Comprehensive Resident Centered Care Plans policy, revised 10/15/22 documented a comprehensive care plan is developed consistent with the resident's specific conditions, risks, needs, behaviors, cultural expectations, preferences and with standards of practice including measurable objectives, interventions/services, and timetables to meet the resident's needs as identified in the resident's comprehensive assessment or as identified in relation to the resident's response to the interventions or changes in the resident's condition.</p> <p>Resident #74 was admitted to the facility on [DATE], with multiple diagnosis including long-term (current) use of anticoagulants (blood thinner).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A physician's order, documented Resident #74 was to receive Apixaban (anticoagulant) 5 mg via her G (gastric)-tube two times day as prophylaxis for DVT (deep vein thrombosis), ordered 6/24/24.</p> <p>Resident #74's care plan, did not document she was on anticoagulant.</p> <p>On 7/26/24 at 10:24 AM, the CNO stated Resident #74 was receiving Apixaban. The CNO stated Resident #74's should have a care plan for the anticoagulant and staff should look for bruising, bleeding, and any other adverse effects. The CNO stated the care plan was created and updated by all nursing staff and should be done timely.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	
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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07246</p> <p>Based on observation, record review, policy review and staff interviews, it was determined the facility failed to ensure residents' incontinence care were met. This was true for 1 of 2 residents (Resident #4) reviewed for incontinence care. This deficient practice placed Resident #4 at risk for experienced embarrassment, isolation, decreased sense of self-worth, skin impairment, and compromised physical and psychosocial well-being. Findings include:</p> <p>The facility's Quality of Life policy, revised 10/15/22, documented the facility provides the necessary services to maintain good nutrition, grooming, oral and personal hygiene for residents unable to carry out their activities of daily living.</p> <p>A request was made for a policy specific to providing incontinence care and none was provided by the time of the exit of the survey.</p> <p>1. Resident #4 was admitted to the facility on [DATE], with a diagnosis of neuromuscular dysfunction of bladder.</p> <p>An annual MDS assessment, dated 5/11/24 documented Resident #4 was cognitively impaired.</p> <p>A care plan, revised 5/20/24, documented Resident #4 was totally dependent on two staff for toileting.</p> <p>During an observation on 7/25/24 at 12:15 PM, Resident #4 was nonverbal and unable to respond to question. LPN #1 and CNA #3 turned Resident #4 to his left side for incontinence check. Resident #4 was noted to be incontinent of bowel. Resident #4 was then repositioned on his back by CNA #3 and LPN #1. CNA #3 then turned towards the exit door when the surveyor asked CNA #3 if incontinence care was going to be provided to Resident #4. CNA #3 stated she was the shower aide. LPN #1 stated he was going to find a CNA assigned to provided incontinence care to Resident #4</p> <p>During observation on 7/25/24 at 12:40 PM, CNA #1 and LPN #1 provided incontinence care to Resident #4. Resident #4 was observed to have a large amount of dark brown fecal material on his right and left buttock. The fecal material on the right buttock was dry indicating Resident #4 had been incontinent of bowel for some time. Resident #4 was noted to be incontinent of bowel at 12:15 PM and was not provided incontinence care until 12:40 PM (25 minutes later).</p> <p>During a interview on 7/25/24 at 12:40 PM, CNA #1 stated incontinent rounds were conducted at 6:00 AM, 11:30 AM and 1:30 PM.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	
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)		
<p>F 0693</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48401</p> <p>Based on record review and staff interview, it was determined the facility failed to ensure a person who received nutrition through an enteral tube received the appropriate treatment to prevent complications. This was true for 1 of 2 residents (Resident #85) whose records were reviewed for the use of enteral feeding tubes. This failure harmed Resident #85 and placed other residents who used enteral feeding tubes at risk for feeding tube complications. Findings include:</p> <p>Resident #85 was admitted to the facility on [DATE] with multiple diagnoses including acute respiratory failure with hypoxia (low blood oxygen levels), a tracheostomy (a surgically created opening through the neck into the windpipe to allow air to fill the lungs), she was dependent on the use of a ventilator to breathe (a ventilator is a machine that recreates the process of breathing by pumping air into the lungs), and was dependent on the use of a nasogastric tube (a NG tube is a thin tube inserted through a nostril, down the throat, and into the stomach) as the sole route for her to receive nutrition, hydration, and medications.</p> <p>The facility policy titled, Tube Placement Verification, dated 11/28/2017, included documentation the accurate placement of a nasogastric tube needed to be verified before administering any fluids through the tubing. The policy describes three methods of visually evaluating the position of the tubing:</p> <ol style="list-style-type: none"> 1. Assess the distance of the mark on the tube in relation to the nostril, the mark is made by the clinician at the time of insertion. 2. Measure the length of the visible portion of the inserted tube and compare this measurement with the measurement taken immediately after insertion. 3. Verify the tube is anchored in place using tape or a tube fixation device. <p>The policy directed staff to notify the physician of suspected misplaced tube and documented an x-ray is used to verify tube placement anytime placement is question.</p> <p>Resident #85's physician orders, dated 5/16/23, documented, Enteral Feed Order- every shift for enteral nutrition precautions check feeding tube placement by observing change in the external length marked at entry point before administering formula, medication administration, or flushing of tube.</p> <p>On 5/31/23 at 10:46 PM, in a nursing note, LPN #5 documented she noticed the tube seemed longer than previously observed and the marking on the tube was completely off and when she flushed the NG tube with water, the water came out of the residents' nostrils. LPN #5 documented the resident immediately began crying and was in a significant amount of pain and thought her tube had been dislodged. LPN #5 documented the physician on-call was contacted and they directed staff to send Resident #85 to the emergency department to verify placement of the NG tube and assess for aspiration pneumonia (a lung infection from inhaling food or liquid).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	
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 0693 Level of Harm - Actual harm Residents Affected - Few	<p>Resident #85's hospital record from her emergency department encounter on 5/31/23 at 11:57 PM, documented she had been assessed and diagnosed with a right-sided pneumothorax (right lung collapse), aspiration pneumonia, and sepsis (a life-threatening condition in which the body takes an extreme immune response to an infection).</p> <p>On 7/25/24 at 3:00 PM, Clinical Resource Nurse #3 stated it appears LPN #5 recognized the NG tube was displaced and did not follow the standards of practice by continuing to attempt to flush the NG tube.</p> <p>On 7/26/24 at 4:24 PM, the CNO stated, when a nurse suspects a NG tube is displaced, they should stop any administration of fluids through the NG tube, call the physician for an order for an x-ray to verify placement, and ensure nothing is administered through the NG tube until placement is verified in an x-ray.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	
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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50603</p> <p>Based on policy review, observation, record review, and staff interview, it was determined the facility failed to ensure physician orders for the maintenance of supplemental oxygen, ensuring respiratory equipment was changed, and documenting treatment outcomes were followed. This was true for 2 of 6 residents (#48 and #231) reviewed for supplemental oxygen use and respiratory care. This placed residents at risk for respiratory infections when the supplemental oxygen and nebulizer tubing and humidifier bottle were not dated when changed, and treatment outcomes were not documented. Findings include:</p> <p>The Wellspring of Cascadia Respiratory Care Policy states that based on the type of respiratory care and services provided, which may include oxygen services (to include the safe handling, humidification, cleaning, storage, and dispensing of oxygen), the resident's record should reflect ongoing assessment of respiratory status, the response to oxygen therapy, and for mechanical ventilation/tracheostomy care, to monitor the resident for specific risks of possible complications. Routine machine maintenance and care for ventilator equipment to include water/tubing changes, safety checks on alarms, machine function checks, and clean equipment per manufacturer's recommendations.</p> <p>1. Resident #48 was admitted to the facility on [DATE], with multiple diagnoses including acute respiratory failure with hypoxia (a condition of low oxygen levels in body tissues), and chronic respiratory failure with hypercapnia (excessive carbon dioxide in the bloodstream, caused by inadequate respiration.)</p> <p>A physician's order, dated 11/30/2023, documented, oxygen RA - 3 LPM via trach mas/Airvo at NOC and PRN for R/T diagnosis of chronic respiratory failure/respiratory compromise should be monitored every shift.</p> <p>A Trach care plan, initiated on 3/18/22, directed staff to monitor and document respiratory rate, breath sounds, work of breathing, and to check and document every shift as ordered.</p> <p>The PAR (pulmonary administration) record for May 2024 through July 2024, documented that treatment had not been recorded on the following dates: 5/3/24 - 5/5/24, 5/13/24, 6/1/24, 6/10/24 - 6/11/24, 6/15/24-6/16/24, 6/20/24-6/23/24, 6/29/24, 7/2/24-7/4/24, 7/7/24, and 7/10/24.</p> <p>On 7/24/24 at 1:45 PM, after reviewing the PAR with the surveyor, RT 2 verified that on the dates listed above, there was no data on recorded on the PAR. She stated she did not know why the areas of care, treatment, and monitoring were not documented on the PAR as she had documented earlier in the day.</p> <p>36193</p> <p>2. Resident #231 was admitted to the facility on [DATE] and readmitted on [DATE] with multiple diagnoses including acute respiratory failure with hypoxia (low levels of oxygen in the body tissues) and hypercapnia (buildup of carbon dioxide in the bloodstream), and diabetes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	
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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #231's TAR, documented change his oxygen/nebulizer tubing, humidification bottle and clean filter every week . Date and provide bag as indicated. As needed and replace with soiling. started 6/14/24.</p> <p>On 7/23/24 at 10:00 AM, Resident #231 was observed in bed receiving oxygen via nasal cannula at 6 liters per minute. The humidifier (container of water attached to the oxygen concentrator) was empty.</p> <p>ON 7/23/24 at 10:05 AM, LPN #2 removed the humidifier from the oxygen concentrator. LPN #2 stated it was empty and there was crystallization on the bottom of the container. LPN #2 then filled the humidifier with distilled water. LPN #2 stated he believed the night shift staff should be the ones to be checking the humidifier,</p> <p>On 7/24/24 at 12:38 PM, ACNO #1 stated the humidifier should be filled with distilled water as needed and not be kept empty. ACNO #1 stated the CNAs should be checking it and inform the nurse when it is empty.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	

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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50603</p> <p>Based on observation, record review, and staff interview, it was determined the facility failed to ensure the kitchen equipment and environment was maintained in a sanitary manner. These deficiencies had the potential to affect 69 of 80 residents residing in the facility who consumed food prepared by the facility. This placed residents at risk for potential contamination of food and adverse health outcomes, including food-borne illnesses. Findings include:</p> <p>The FDA Food Code Section 6-501.12 Cleaning, Frequency and Restrictions. Cleaning of the physical facilities is an important measure in ensuring the protection and sanitary preparation of food. A regular cleaning schedule should be established and followed to maintain the facility in a clean and sanitary manner. Primary cleaning should be done at times when foods are in protected storage and when food is not being served or prepared.</p> <p>On 7/25/24, during the follow-up kitchen inspection and tray line observation, the following was observed:</p> <ul style="list-style-type: none"> - A build-up of dirt above the second fan in the walk-in refrigerator. - A white, powder residue on the shelf below the steam table where the steam table pans were stored. <p>A review of Shift #1 AM [NAME] Weekly Cleaning List documented the steamtable and the stainless shelves were wiped down.</p> <p>On 7/25/24 at 10:57 AM, the CDM confirmed that the fan was cleaned by maintenance at the beginning of July 2024, and maintenance had removed the fans to clean the area. She could not explain why the dirt was on the fan.</p> <p>On 7/25/24 at 12:10 PM, the RD could not explain what the white substance was. She stated the CDM had cleaning schedules to ensure that all areas of the kitchen were cleaned. The RD reported the kitchen's cleaning schedule is completed daily, weekly, and recorded. She stated the CDM is very good about making sure the areas are cleaned and, I do sample audits to ensure they are on top of things.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	

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)
<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48401</p> <p>Based on observation, resident interview, staff interview, and record review, it was determined the facility failed to:</p> <ol style="list-style-type: none"> 1. a. protect residents who had tested negative for COVID-19 and had a roommate who tested positive for COVID-19 from continuing to be exposed by their cohort and, b. ensure infection control measures were implemented and executed in accordance with professional standards of practice for hand hygiene and use of personal protective equipment (PPE) to prevent the spread of COVID-19. These failures placed the 84 residents currently residing in the facility in immediate jeopardy of serious illness, harm, impairment, or death due to the increased risk of contracting COVID-19. 2. provide COVID-19 vaccinations to every resident who requested vaccination. This was true for 1 of 5 residents whose vaccination records were reviewed. This failure placed Resident #73 at risk of serious illness when she contracted COVID-19 after her legal guardian consented for her to receive the COVID-19 vaccine. 3. complete hand hygiene after providing incontinence care. This failure placed Resident #53 at risk for illness when staff failed to complete hand hygiene when appropriate. <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 7/22/24 at 8:15 AM, signs documenting the facility was experiencing an increased number of cases of COVID-19 and masks were encouraged. <p>On 7/22/24 at 8:30 AM, some staff were observed wearing surgical masks and some staff were observed wearing N95 respirator masks. Overdoor hanging pocket organizers were observed on multiple doors in 200-hall. The overdoor hanging pocket organizers contained disposable gowns, N95 respirator masks, boxes of gloves, and disposable face shields. Some rooms had touchless alcohol-based hand rub (ABHR, commonly known as hand sanitizer) dispensers affixed to the wall next the doorway and sets of plastic drawer units containing the same PPE and garbage cans were sitting in the hallway. The doors with the overdoor hanging pocket organizers and plastic drawer units had red signs indicating the resident(s) in those rooms had tested positive for COVID-19 and staff were to follow the following directions before entering and exiting the room:</p> <ul style="list-style-type: none"> - Use standard precautions and enhanced droplet precautions. - Wear a gown over clothing, N95 respirator mask, eye protection (such as a face shield or goggles), and gloves, before entering the room. - Remove gowns, remove gloves, and perform hand hygiene before exiting the room. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	
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)		
<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 7/22/24 at 8:38 AM, the CEO stated a resident tested positive for COVID-19 on 7/19/24. The CEO stated that resident lived in 500-hall and now residents who lived in 200-hall and 500-hall were testing positive for COVID-19. The CEO stated there were 22 residents who were positive for COVID-19 at that time.</p> <p>On 7/22/24 at 11:50 AM, the CEO stated on Friday 7/19/24 at 7:00 AM, they were made aware that a resident who had been transported to the emergency room the night of Thursday 7/18/24 had tested positive for COVID-19. The CEO added they were holding an all-staff meeting at that time and they took the opportunity to re-educate the staff in attendance of their hand hygiene and infection prevention policies and procedures. He stated himself, the IP, and the CNO had been present on-site on 7/20/24 providing 1 on 1 training for staff on the use of PPE.</p> <p>On 7/22/24 at 3:55 PM, the CEO and Clinical Resource Nurses (CRN) #1 & #2 presented a document delineating a timeline of events of the COVID-19 outbreak beginning Thursday 7/18/24 until the present time on 7/22/24 that documented the following:</p> <p>-On 7/19/24 at 7:30 AM, the CEO stated they tested all residents for COVID-19 who lived in the vent unit in the 500-hall as they were the most vulnerable and that is where the resident that was hospitalized lived. The CEO stated at that time, 5 residents tested positive for COVID-19, and management initiated the direction for all staff to wear source control (surgical) masks.</p> <p>-On 7/19/24 at 8:30 AM, the Infection Preventionist (IP) contacted the county health department and was given the direction to test the remaining residents living in the vent unit, the staff working in the vent unit, and any other staff showing symptoms. At that time 2 staff were identified to have tested positive for COVID-19.</p> <p>-The facility began contact tracing any symptomatic residents and staff. A resident that lived in the 200-hall presented with symptoms and tested negative.</p> <p>-After testing the remaining residents and staff living and working on the 200-hall and 500-hall, the total numbers of positive COVID-19 tests were 8 residents and 7 staff.</p> <p>-On 7/20/24 the IP sent out training messages to staff on their secure messenger system and provided 1 on 1 training with staff as the opportunity arose.</p> <p>- On 7/20/24, 3 additional residents and 4 additional staff tested positive for COVID-19.</p> <p>-On 7/21/24, 11 additional residents and 4 additional staff tested positive for COVID-19. Of the staff that tested positive on this date, included the IP and CNO.</p> <p>-On 7/22/24, the IP spoke with the county health department a second time and received guidance to begin testing all staff before they come in for their shift.</p> <p>-On 7/22/24 at 5:34 PM, 33 of 84 residents, and 16 staff had tested positive for COVID-19</p> <p>a. The CDC web page titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 3/18/24, accessed on 8/1/24, documents the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	
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)		
<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>- The recommendations in the guidance continue to apply after the expiration of the federal COVID-19 Public Health Emergency.</p> <p>- Place a patient (resident) with confirmed COVID-19 in a single-person room. The door should be kept closed if safe to do so.</p> <p>- Only residents with the same respiratory pathogen should cohort (share a room).</p> <p>The facility policy titled, Management of Coronavirus COVID-19, revised 7/3/24, documents residents who test positive for COVID-19 should be placed in a single-person room on transmission-based precautions. The policy documents if cohorting, only residents with the same respiratory pathogen should be housed in the same room.</p> <p>On 7/22/24 at 8:15 AM, the facility had a census of 84 residents. This facility was licensed to house a maximum of 120 residents in either private or double occupancy rooms.</p> <p>On 7/22/24 at 11:00 AM, Resident #34 stated she was concerned she would get COVID-19 because her roommate had it.</p> <p>On 7/22/24 at 3:55 PM, the CEO stated residents who had not tested positive but had a roommate test positive should be moved if there were available beds. He stated they did not want to expose anyone who had not been exposed, he added, moving [the residents] did not make sense at the time.</p> <p>On 7/22/24 at 5:07 PM, the facility provided a copy of their census sheet which showed which resident resided in which room and showed which rooms were empty. The facility indicated which residents had tested positive for COVID-19 by writing the date in which they tested positive next to their name. Based on the census sheet, 11 residents were identified to have a roommate who had tested positive for COVID-19 while they had not tested positive, 5 residents were identified to have tested positive for COVID-19 and resided as a singular resident in a double occupancy room. Also, based on the census sheet, the facility was noted to have 6 empty private rooms and 4 empty double occupancy rooms.</p> <p>b. The facility policy titled, Transmission-Based Precautions Conventional Plan, revised 4/2/24, standard precautions include the directions to complete hand hygiene using an ABHR or wash hands with soap and water before and after wearing PPE. The policy documented positive cases of COVID-19 will have droplet transmission-based precautions implemented and directed the use of a N95 mask when managing a COVID-19 outbreak.</p> <p>The facility policy titled, Management of Coronavirus COVID-19, revised 7/3/24, documented the facility would provide education to staff on what infection control practices should be used and would provide competency-based education to staff on the use of PPE.</p> <p>On 7/22/24 at 9:02 AM, two staff were observed entering a resident room with the red sign on the door stating the resident(s) in the room had tested positive for COVID-19, both staff were not wearing a face shield or goggles.</p> <p>On 7/22/24 at 12:11 PM, a staff was observed lifting the lid of a garbage can with her left hand then donning (putting on) gloves without completing hand hygiene.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	

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)
<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 7/22/24 at 12:18 PM, ACNO #1 was observed donning PPE without completing hand hygiene. When ACNO #1 was observed doffing (taking off) her PPE, she removed her N95 mask and disposed of it inside the COVID-19 positive room.</p> <p>On 7/22/24 at 12:28 PM, CNA #5 was observed donning and doffing her PPE when she went into a COVID-19 positive room, during this observation she did not complete hand hygiene as required before donning and after doffing the PPE. CNA #5 stated she forgot to complete hand hygiene before and after entering the room.</p> <p>On 7/22/24 at 12:40 PM, a staff wearing PPE was observed doffing their PPE after leaving a COVID-19 positive room, the staff removed the soiled N95 mask, then put on a clean surgical mask without completing hand hygiene.</p> <p>On 7/22/24 at 12:45 PM, LPN #3 stated they did not know how to don and doff PPE, and it was over [their] head.</p> <p>On 7/22/24 at 3:56 PM, the CEO stated the facility could not provide documentation the staff providing hands-on care to people diagnosed with COVID-19 had been provided competency-based training and the staff were not evaluated to demonstrate the skills of appropriately completing hand hygiene and safely donning and doffing PPE.</p> <p>2. The CDC web page titled, COVID-19 Vaccination for Long-Term Care Residents, updated 7/2/24, accessed on 8/1/24, documents the following:</p> <ul style="list-style-type: none"> - The CDC recommends everyone aged 5 years or older, including people who live and work in long-term care settings get 1 updated COVID-19 vaccine. - COVID-19 vaccines can help keep you from getting seriously ill if you do get COVID-19. <p>Resident #73 was admitted to the facility on [DATE], with multiple diagnoses including spastic diplegic cerebral palsy (a neurological condition that permanently affects muscle control and coordination), hemiplegia of her right/dominant side (paralysis that affects one side of the body), and fibromyalgia (a chronic disorder characterized by widespread pain and other symptoms such as fatigue, muscle stiffness, and insomnia). Resident #73 depended on a legal guardian to make her healthcare decisions.</p> <p>On 4/4/24, Resident #73's record documented her legal guardian consented for her to receive the COVID-19 vaccination.</p> <p>On 7/26/24 at 4:15 PM, the CNO stated Resident #73 should have received the vaccination if her legal guardian had requested the vaccine, unless it was later refused or documented as medically contraindicated by a physician. The CNO stated she was unable to provide documentation Resident #73 had received the vaccination as requested.</p> <p>On 7/24/24 at 10:00 AM, the immediacy was removed following the facility's implementation of the plan for removal of the immediate jeopardy. The deficient practice remained at a F scope and severity following the removal of the immediate jeopardy.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	

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)
<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>07246</p> <p>3. The facility's Hand Hygiene policy revised 2/11/22 documented hand hygiene is the single most important procedure for preventing the spread of infection . Under Opportunities for hand hygiene . item 4. Before moving to a clean body site after caring for a soiled body site.</p> <p>Resident #53 was admitted to the facility on [DATE], with multiple diagnosis including neuromuscular dysfunction of bladder.</p> <p>An annual MDS assessment, dated 11/7/24 documented Resident #53 was cognitively impaired.</p> <p>A care plan revised 10/22/23 documented Resident #53 was totally dependent on two staff for toileting.</p> <p>During observation on 7/22/24 at 3:11 PM, CNA #2 and CNA #4 were observed providing incontinence care to Resident #53. After providing incontinence care CNA #2 and CNA #4 did not remove or change their gloves and were observed to reposition Resident #53 to his left side and pulled the bedsheet up to his chest with the same soiled gloves they used during his incontinence care. CNA #4 was then observed to reached near Resident #53's tracheostomy site and adjusted the ventilator circuit tubing attached to the tracheostomy tube.</p> <p>During an interview with CNA #2 and CNA #4, they stated they should have washed their hands and changed their gloves after they provided the incontinence care to Resident #53. CNA #4 stated they should have washed her hands and put on a clean pair of gloves prior to pulling the sheet and adjusting Resident #53's ventilator circuit tubing.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	
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)		
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50981</p> <p>Based on record review, policy review, and staff interview, it was determined the facility failed to ensure residents who were offered and consented to the pneumococcal and influenza vaccine, received the vaccines. This was true for 3 of 5 residents (Resident's #52, #64, and #73) whose records were reviewed for pneumococcal and influenza vaccinations. This failure created the potential for residents to have an increased risk of contracting pneumococcal (bacterial) pneumonia and influenza. Findings include:</p> <p>The facility policy titled, Pneumococcal Program-Residents, revised 10/2022, documented each resident was offered the pneumococcal immunization based on current CDC guidelines, unless the immunization was medically contraindicated, or the resident had already been immunized. In the case the resident had already been immunized, the policy directed staff to offer the next vaccination in the series as indicated. The policy documented there were two types of pneumococcal vaccines available for adults: Pneumococcal Conjugate Vaccines (PCV15 and PCV20) and Pneumococcal Polysaccharide Vaccine (PPSV23).</p> <p>The use of PCV13 has been discontinued.</p> <p>The Centers for Disease Control and Prevention (CDC) website, dated 6/26/23, accessed on 7/29/24, included recommendations for administration of pneumococcal vaccinations for adults younger than [AGE] years of age with increased risk of illness, and adults [AGE] years or older as follows:</p> <ul style="list-style-type: none"> - If a person has never received any pneumococcal vaccine, the CDC recommends receiving one dose of PCV20 or PCV15. -If a person has previously received PCV15, the CDC recommends receiving one dose of PPSV23 one year later. - If a person has previously received PPSV23, the CDC recommends receiving one dose of PCV20 or PCV15 at least one year after administration of PPSV23. - If a person has previously received PCV13 at any age, the CDC recommends receiving one dose of PCV20 or PPSV 23 at least one year after administration of PCV13. - If a person has previously received PCV13 at any age and PPSV23 while younger than [AGE] years of age, the CDC recommends receiving PCV20 at least five years after administration of PCV13 or PPSV23. <p>The facility policy titled, Influenza Program-Residents, revised 3/2022, documented each new resident and upon request was offered the influenza immunization based on current CDC guidelines, unless the immunization was medically contraindicated, or the resident had already been immunized.</p> <p>The CDC website, dated 12/16/22, accessed on 7/29/24, included recommendations for annual influenza vaccinations for all people 6 months and older.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	
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)		
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Resident #52 was admitted to the facility on [DATE], with multiple diagnoses including autism, epilepsy, and congenital malformation syndromes (conditions present at birth that cause physical and intellectual disabilities). Resident #52 relied on a legal guardian to make his healthcare decisions.</p> <p>Resident #52's record documented he received the pneumococcal vaccine PCV15 on 3/3/23.</p> <p>Based on CDC recommendations, Resident #52's immunization history indicated he was due to receive the PPSV23 booster on 3/3/24.</p> <p>On 7/26/24 at 4:15 PM, the CNO stated Resident #52 should have received the booster. She stated she was unable to provide documentation the PPSV23 booster was administered to Resident #52.</p> <p>2. Resident #64 was admitted to the facility on [DATE], for care following an operation. Resident #64 also had multiple diagnoses including sepsis (a life-threatening condition in which the body takes an extreme immune response to an infection), chronic respiratory failure with hypoxia (low blood oxygen levels), quadriplegia (paralysis affecting the body and limbs from the neck down). Resident #64 had a tracheostomy (a surgically created opening through the neck into the windpipe to allow air to fill the lungs), and he was dependent on the use of a ventilator to breathe (a ventilator is a machine that recreates the process of breathing by pumping air into the lungs). Resident #64 was able to make his health care decisions independently.</p> <p>On 10/27/23, Resident #64's record documented he consented to receive pneumococcal vaccines as they became appropriate.</p> <p>Based on CDC recommendation, Resident #64's immunization history indicated he was due to receive PCV20 on 1/24/24.</p> <p>On 7/26/24 at 4:15 PM, the CNO stated Resident #64 should have received the immunization. She stated she was unable to provide documentation PCV20 was administered to Resident #64.</p> <p>3. Resident #73 was admitted to the facility on [DATE], with multiple diagnoses including spastic diplegic cerebral palsy (a neurological condition that permanently affects muscle control and coordination), hemiplegia of her right/dominant side (paralysis that affects one side of the body), and fibromyalgia (a chronic disorder characterized by widespread pain and other symptoms such as fatigue, muscle stiffness, and insomnia). Resident #73 depended on a legal guardian to make her healthcare decisions.</p> <p>On 4/4/24, Resident #73's record documented her legal guardian consented for her to receive the pneumococcal vaccine and the influenza vaccine.</p> <p>Based on CDC recommendation, Resident #73's immunization history indicated she was due to receive PCV20 and the influenza vaccine.</p> <p>On 7/26/24 at 4:15 PM, the CNO stated Resident #73 should have received the immunizations. She stated she was unable to provide documentation PCV20 or the influenza vaccines were administered to Resident #73.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Wellspring Health & Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 12th Avenue Road Nampa, ID 83686	

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)
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>07246</p> <p>Based on review of the glucometer calibration documentation, policy review and staff interview, it was determined facility failed to ensure glucometers were calibrated to maintain accuracy, ensure reliability, and ensure correct results for 2 of 4 halls (100 Hall and 200 Hall) whose glucometer were reviewed. This deficient practice had the potential for a higher risk for improper blood sugar monitoring of residents who required blood glucose monitoring. Findings include:</p> <p>The facility's Blood Glucose -EvenCare Glucose Monitoring, revised 3/4/24 documented directed staff to calibrate the glucometer nightly or per manufacturer's guidelines.</p> <p>Review of the facility's 100 Hall and 200 Hall's Blood Glucose Control Record logbook for glucometer calibration, revealed glucometer calibration were inconsistently performed for the months of January 2024 through April 2024. There were no glucometer calibrations conducted for the month of May, June, and July 2024.</p> <p>During an interview with RN #1 on 7/26/24 at 10:30 AM, he stated that the night shift nurses conducted the glucometer calibration checks.</p> <p>During an interview with LPN #4 on 7/26/24 at 10:45 AM, she stated that the night shift nurses did the glucometers calibration.</p> <p>During an interview with the CNO on 7/26/24 at 3:54 PM, the CNO stated the glucometer calibration should be done once a week every Tuesday. The CNO reviewed the calibration records of the 100 hall and 200 hall's Blood Glucose Control Record and stated they were not being calibrated as directed. She stated, yes it should be done weekly and documented. The CNO stated the night shift nurses should be the ones to calibrate the glucometer. The CNO further stated that the importance of doing the glucometer calibration is to make sure the reading is correct and accurate.</p>