

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  09/18/2025
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 0761  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.  (continued on next page)

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observations, interviews, and policy review, the facility failed to ensure medications were labeled with open and discard dates, individual insulin syringes were labeled with the resident's name, expired medications were disposed of and not made available, and unknown pill left in pill cup on the medication cart for two of two medication carts (200 hall and 300/500 hall) reviewed. This had the potential to cause medication errors, adverse medication reactions, and residents to receive suboptimal therapeutic actions of medications. Findings: Review of facility's policy titled, Medication Management revised 10/15/24 revealed, Cascadia, in collaboration with a contract pharmacy, develops policies, procedures and clinical practice guidelines to manage medications so they are safely provided and administered to residents. Cascadia facilities follow the contract pharmacy's policies and procedures. Policies and procedures are not limited to: LTC policies and procedures . Medication labels and packaging . Storage and expiration of medications, biological, syringes, and needles. Licensed nurses follow appropriate procedures for destruction and disposal of controlled, cytotoxic, and noncontrolled medications. Medications and biologics are not used beyond their expiration dates. Medications are discarded by the expiration date unless indicated by the pharmacy and/or manufacturer's instructions to discard sooner. Medications that may require special packaging other than unit dose include: . injectable medications. Upon delivery of medications from the provide pharmacy, the Licensed Nurses are responsible for validating the medications received are labeled correctly: resident's name, name of medication, dosage, and frequency. 1. During a review of the medication cart on the 200-hall cart on 09/17/25 at 3:32 PM with Licensed Practical Nurse (LPN) 19, the following were observed:a. Insulin Aspart 100 units per milliliter (ml) pen with open date of 08/01/25 and a discard date of 09/10/25 with no name label was in a bag with R35's last name written on it. LPN19 confirmed the open date, discard date was beyond 28 days, and the pen did not have the resident's name. During an interview on 09/17/25 at 3:45PM, LPN19 stated the pen should have been discarded since it expired and had no name. b. A pill cup was in the top drawer with a loose pill. The cup had no name. LPN19 confirmed the loose pill in the cup with no resident name. During an interview on 09/17/25 at 3:45PM, LPN19 stated she left the cup and pill in the drawer and believed it was Lasix (a diuretic medication). LPN19 stated she placed the cup in the drawer because the resident did not want to come out of the dining room to take his medication and then she got pulled away to do something else. 2. The following observations were made in the 300-500 hall medication cart with LPN20 on 09/17/25 at 3:50 PM: a. Lantus Pen with no resident label, opened date 09/15/25 found in resident's bag labeled with last name. LPN20 confirmed the insulin pen had no resident label. During an interview on 09/17/25 at 4:00 PM, LPN20 stated the insulin pen needed to be disposed since it did not have a resident name and insulin pens cannot be used for more than one resident.During an interview on 09/17/25 at 4:02 PM, the Director of Nursing (DON) stated insulin pens are to be discarded within 28 days of the open date. The pharmacy sends the pens with resident labels and staff should date the cap of the pen with the open and discard dates. Since the pens did not have a pharmacy label, the pens may have been pulled from the emergency kit. If an insulin pen is pulled from the emergency kit, the expectation is that the nurse writes the resident's name and open date on the pen. The DON stated the expectation is that nurses administer medications at the time the medication is removed from the cart. If the medication is not administered, the medication is to be discarded and new medication was to be obtained later if the resident decides to take it.</p>		