

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135102	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2025
NAME OF PROVIDER OR SUPPLIER Sunny Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 2609 Sunnybrook Drive 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, it was determined the facility failed to ensure that physician-ordered medications were administered as prescribed for 2 of 3 residents (Resident #1 and Resident #2) reviewed for medication administration. This failure resulted in missed doses of essential medications and created the potential for adverse outcomes, including ineffective treatment and exacerbation of medical conditions. Findings include:1. Resident #1 was readmitted to the facility on [DATE], with multiple diagnoses including bipolar disorder, depression, and migraine disorder.A review of Resident #1's medication administration record (MAR), dated 8/4/25 - 8/22/25, documented the following physician orders had not been administered and coded (9) (code 9 meaning see progress note): Cyanocobalamin solution (Vitamin B12) inject 1 milliliter (mL) intramuscular one time a day for increased immune function for 4 days into shoulder, thigh, or buttocks started 8/5/25, documented code 9 for 3 of 4 administrations. Lysine (an amino acid) oral tablet 500 milligrams (mg) give 1 tablet by mouth one time a day for supplementation started 8/5/25, documented code 9 for 8 of 8 administrations. Lysine oral tablet 500 milligrams (mg) give 1 tablet by mouth one time a day for supplementation started 8/19/25, documented code 9 for 1 of 4 administrations. Topiramate (an anticonvulsant medication used to treat migraines) oral tablet 50 mg give 1 tablet by mouth in the morning for migraine started 8/19/25, documented code 9 for 2 of 4 administrations. Topiramate tablet 50 mg give 1 tablet by mouth one time a day for migraine headaches started 8/5/25, documented code 9 for 1 of 8 administrations. Topiramate tablet 50 mg give 1 tablet by mouth one time a day for migraine headaches started 8/18/25, documented code 9 for 2 of 4 administrations. Venclexta (a medication used to treat specific types of blood cancers) oral tablet 50 mg give 1 tablet by mouth one time a day for leukemia started on 8/5/25, documented code 9 for 8 of 8 administrations.On 8/29/25 at 1:25 PM, the Director of Nursing (DON) stated during a review of Resident #1's progress notes dated 8/4/25 - 8/22/25 the medication was not administered because it was not available to administer.2. Resident #2 was admitted to the facility on [DATE], with multiple diagnoses including heart disease, urinary tract infection, and chronic obstructive pulmonary disease (COPD).A review of Resident #2's medication administration record (MAR), dated 6/12/25 - 6/30/25, documented the following physician orders had not been administered and coded (9) (code 9 meaning see progress note): Breztri Inhaler (a combination inhaler used to treat COPD) inhale 2 puffs orally two times a day for COPD started 6/12/25, documented code 9 for 3 of 19 administrations. Methylprednisolone oral (a steroid used to treat inflammation) oral tablet 4 mg give 1 tablet by mouth four times a day for lumbosacral radiculopathy (a condition causing pain on the back and hip that radiates down the leg) for 1 day started 6/12/25, documented code 9 for 2 of 4 administrations. Cefdinir (an antibiotic) oral capsule 300 mg give 1 capsule by mouth two times a day for UTI for 5 days started 6/19/25, documented code 9 for 1 of 10 administrations.On 8/29/25 at 1:30 PM, the DON confirmed medications were coded 9 indicating Resident #2 did not receive the medication because it was not available.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 135102	If continuation sheet Page 1 of 1