STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135111	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Syringa Chalet Nursing Facility	700 East Alice Street Blackfoot, ID 83221

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to provide a safe and functional environment. This was true for 1 of 4 resident rooms (room # 411) whose sharps containers were overfilled. This failure had the potential for injury and infections. Findings include:On 1/20/26 at 8:27 AM and on 1/21/26 at 12:55 PM, observed in resident room [ROOM NUMBER], the sharps container filled past the full line and the flip top not freely movable.On 1/21/26 at 1:59 PM, the DON and surveyor observed in resident room [ROOM NUMBER], the sharps container filled past the full line.On 1/21/26 at 2:01 PM, the DON stated the sharps container should have been changed when it was full and had not been.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135111	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Syringa Chalet Nursing Facility	700 East Alice Street Blackfoot, ID 83221

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 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 record review and staff interview, it was determined the facility failed to ensure a bed hold notice was provided to residents or their representatives at the time of the resident's transfer to the hospital. This was true for 1 of 4 residents (Resident #26) reviewed for transfers. This deficient practice created the potential for harm if residents were not informed of their right to return to their former bed or room at the facility within a specified time. Findings include:Resident #26 was admitted to the facility on [DATE], with multiple diagnoses including paranoid schizophrenia (a psychiatric disorder characterized by persistent delusions of persecution, unwarranted suspicion, and hallucinations) and anxiety.Resident #26's medical record documented she had been transferred to the hospital on 7/19/25 and returned to the facility on 8/4/25. The facility bed hold document had not been completed for Resident #26.On 1/22/26 at 4:03 PM, the Administrator stated the bed hold had not been completed at the time of transfer to the hospital and should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135111	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Syringa Chalet Nursing Facility	700 East Alice Street Blackfoot, ID 83221

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, record review and staff interviews, the facility failed to include person-centered care information on the baseline care plan for 1 of 8 residents (Resident #37) reviewed for baseline care plans. This failed practice had the potential for an adverse event if resident's mental health, safeguards, and safety measures were not addressed. Findings include:The facility's Baseline Care Plan policy, dated 7/11/24, documented The facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meets professional standards of quality of care. The baseline care plan will: 1. Be developed within 48 hours of a resident's admission2. Include the minimum healthcare information necessary to properly care for a resident including, but not limited to:a. Initial goals based on admission orders.b. Physician orders.c. Dietary orders.d. Therapy services.e. Social Services.f. PASRR recommendations, if applicable.Resident #37 was admitted to the facility on [DATE], with multiple diagnoses including major depressive disorder, anxiety disorder, and status post right hip revision. Resident #37's PASRR Mental Illness Evaluation dated 1/8/26, documented recommendations for the following social services:- individual psychotherapy - community based rehabilitative services- mental health case management - weekly or quarterly psychiatrist appointments for psychiatric prescription medication management - development of safety plan to address suicidal ideationResident #37's physician order dated 1/12/26, documented she would wear a knee immobilizer while lying in bed or sitting in a chair.Resident #37's baseline care plan, not dated, did not document PASRR recommendations or the physician ordered knee immobilizer. On 1/21/26 at 5:00 PM, the DON confirmed the PASRR recommendations and the order for the knee immobilizer was not on the baseline care plan and should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135111	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Syringa Chalet Nursing Facility	700 East Alice Street Blackfoot, ID 83221

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, facility policy review, and staff interview, it was determined the facility failed to follow physician orders to administer medications when residents do not have a bowel movement within 72 hours for 1 of 6 Residents (Resident #7) reviewed for bowel and bladder care. This failed practice had the potential for residents to experience discomfort when medications were not administered according to physician's order. Findings include: The facility's SCNF Bowel and Bladder Protocol dated 7/8/20, documented:24-48 hours after last Bowel movement and if change in bowel movement routine, offer prune juice or Milk of Magnesia48-72 hours after last bowel movement, offer Bisacodyl 5mg PO/PR72 hours after last bowel movement, review of resident condition with medical provider/designee unless previous order entered.Resident #7 was admitted to the facility on [DATE], with multiple diagnoses including Bipolar schizoaffective disorder (a serious mental illness combining symptoms of schizophrenia [hallucinations, delusions] with mood swings from bipolar disorder [mania and depression]) and constipation.Resident #7's physician orders for bowel care management were documented as: -Milk of Magnesia Suspension - Give 30 ml by mouth, may repeat one time in 24 hrs as needed for constipation. Order date 12/12/22 at 9:03 AM.-Bisacodyl 5mg (Dulcolax) 5 mg EC tablet. One time order entered on 12/14/25 at 12:18 PM, 1/5/26 at 6:34 PM, and 1/12/26 at 8:22 AM. Resident #7 had a documented bowel movement on 12/14/25 and not again until 12/23/25, over 192 hours with no documented bowel movement. No documentation of Resident #7 receiving the physician ordered medications for constipation management between 12/15/25 and 12/23/25.Resident #7 had a documented bowel movement on 12/30/25 and not again until 1/6/26, with only one documented administration of Bisacodyl 5mg EC tablet PO on 1/5/26 at 7:01 PM. No documentation of Resident #7 receiving the physician ordered medications for constipation management between 12/31/25 and 1/4/26.Resident #7 had a documented bowel movement on 1/6/26 and not again until 1/12/26, with only one documented administration of Bisacodyl 5mg EC tablet PO on 1/12/26 at 8:31 AM. No documentation of Resident #7 receiving the physician ordered medications for constipation management between 1/7/26 and 1/11/26. On 1/20/26 at 3:57 PM, the Administrator stated Resident #7 should have received the ordered medications for bowel management and had not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135111	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Syringa Chalet Nursing Facility	700 East Alice Street Blackfoot, ID 83221

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 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 observation, record review, and interviews, it was determined the facility failed to provide respiratory services as ordered by the physician. This was true for 7 of 7 Residents (#2, #6, #8, #13, #18, #28, and #30) whose records were reviewed for respiratory services. This failure created the potential for residents to experience increased fatigue and low oxygen levels. Findings include:a. Resident #2 was admitted to the facility on [DATE], with multiple diagnoses including disorganized schizophrenia (characterized by prominent disorganized thinking, speech, and behavior), and anorexia (a serious eating disorder). Resident #2's physician oxygen order dated 12/3/25, documented oxygen 1-2 LPM by nasal cannula as needed to keep sats greater than 90%. 1/21/26 at 10:47 AM, observed the following low SpO2 documentation in Resident #2's medical record with no medical interventions documented by nursing staff:- 1/14/25 at 14:49 SpO2 90% - 1/7/25 at 14:49 SpO2 90% - 1/3/25 at 09:15 SpO2 90% - 12/27/25 at 11:57 SpO2 90% - 12/25/25 at 15:18 SpO2 90% -12/18/25 at 09:11 SpO2 90% - 12/15/25 at 09:27 SpO2 90% - 12/10/25 at 00:09 SpO2 90% - 12/3/25 at 09:30 SpO2 90% b. Resident #6 was initially admitted to the facility on [DATE], and readmitted to the facility on [DATE], with multiple diagnoses including anxiety disorder and dementia. On 1/20/26 at 10:20 AM, observed Resident #6 lying in her bed with the O2 regulator set at 2 lpm but O2 cannula was lying on the overbed table and not in her nose. Resident #6's physician oxygen order documented oxygen by nasal cannula PRN, titrate 2-5 LPM to keep sats at 90% as resident allows. On 1/21/26 at 9:30 AM, observed the following low SpO2 documentation in Resident #6's medical record with no medical interventions documented by nursing staff.- 1/20/26 at 11:11 SpO2 89%- 12/11/25 at 09:43 SpO2 86% (There was a 2-hour late intervention documented by staff)- 12/4/25 at 14:11 SpO2 87%- 10/17/25 at 09:42 SpO2 83%- 10/8/25 at 08:00 SpO2 89%- 10/7/25 at 10:09 SpO2 88%- 8/27/25 at 14:41 SpO2 86%- 7/2/25 at 15:07 SpO2 85%- 6/30/25 at 08:36 SpO2 86% c. Resident #8 was admitted to the facility on [DATE], with multiple diagnoses including dementia (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135111	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Syringa Chalet Nursing Facility	700 East Alice Street Blackfoot, ID 83221

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and upper respiratory infection. Resident #8's physician oxygen order documented titrate oxygen 2-5 LPM by nasal cannula PRN, as resident allows, to keep sats greater than 90%. 1/21/26 at 10:35 AM, observed the following low SpO2 documentation in Resident #8's medical record with no medical interventions documented by nursing staff.- 1/12/26 at 10:14 SpO2 88%- 11/24/25 at 09:31 SpO2 88% d. Resident #13 was admitted to the facility on [DATE], with multiple diagnoses including Bipolar schizoaffective disorder (a serious mental illness combining symptoms of schizophrenia [hallucinations, delusions] with mood swings from bipolar disorder [mania and depression]) and hypertension (high blood pressure). Resident #13's physician oxygen order dated 12/5/24, documented oxygen 2-3 LPM by nasal cannula as needed to keep sats greater than 90%. 1/21/26 at 3:47 PM, observed the following low SpO2 documentation in Resident #13's medical record with no medical interventions documented by nursing staff:- 1/11/25 at 08:25 SpO2 90% - 1/8/25 at 10:11 SpO2 90% - 12/29/25 at 09:18 SpO2 90% - 12/27/25 at 11:57 SpO2 90% -12/25/25 at 15:09 SpO2 90% - 12/20/25 at 16:15 SpO2 90% - 12/17/25 at 09:41 SpO2 90% e. Resident #18 was admitted to the facility on [DATE], with multiple diagnoses including paranoid schizophrenia (characterized by intense paranoia, delusions (like being spied on or plotted against), and auditory hallucinations (hearing voices) and obesity. Resident #18's physician oxygen order documented oxygen 2-5 LPM by nasal cannula to keep sats greater than 90% as resident tolerates. 1/21/26 at 9:40 AM, observed the following low SpO2 documentation in Resident #18's medical record with no medical interventions documented by nursing staff.- 9/22/25 at 09:34 SpO2 89%- 8/31/25 at 10:06 SpO2 87%- 7/28/25 at 10:13 SpO2 85%- 6/30/25 at 08:36 SpO2 88%- 6/27/25 at 10:19 SpO2 88% f. Resident #28 was initially admitted to the facility on [DATE], and readmitted to the facility on [DATE], with multiple diagnoses including Bipolar schizoaffective disorder (a serious mental illness combining symptoms of schizophrenia (hallucinations, delusions) with those of bipolar disorder (manic highs and depressive lows)) and diabetes. On 1/20/26 at 12:07 PM, observed Resident #28 sitting at the nurse's station without his (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135111	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Syringa Chalet Nursing Facility	700 East Alice Street Blackfoot, ID 83221

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	supplemental oxygen speaking with the Activities Director. Resident #28 stated to the surveyor he only used the oxygen at night. On 1/20/26 at 12:35 PM, observed a portable liquid oxygen unit in Resident #28's room which he stated he only used when he was sitting his chair watching tv in his room. Resident #28's medical record documented O2 ordered 9/2/25 at 2 to 5 LPM to keep SpO2 at 87% to 90% as patient allows. On 1/21/26 at 10:00 AM, observed the following low SpO2 documentation in Resident #28's medical record with no medical interventions documented by nursing staff.- 1/19/26 at 08:22 SpO2 85%- 12/16/25 at 09:41 SpO2 85%- 11/28/25 at 09:50 SpO2 86%- 11/9/25 at 15:46 SpO2 80% g. Resident #30 was admitted to the facility on [DATE], with multiple diagnoses including chronic obstructive pulmonary disorder (a condition involving constriction of the airways and difficulty or discomfort in breathing) and dementia. Resident #30's physician oxygen order documented oxygen per nasal cannula 0.5-5 LPM, titrate to keep sats between 88-92% as resident allows. On 1/21/26 at 9:50 AM, observed the following low SpO2 documentation in Resident #30's medical record with no medical interventions documented by nursing staff.- 11/27/25 at 09:48 SpO2 82% (There was a 5 hour late nursing intervention documented.)- 11/13/25 at 15:09 SpO2 87%- 11/08/25 at 16:40 SpO2 84% On 1/21/26 at 12:38 PM, the DON stated the low SpO2 documentation without documented nursing intervention were caused by poor and lacking nursing intervention documentation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135111	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Syringa Chalet Nursing Facility	700 East Alice Street Blackfoot, ID 83221

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on record review and staff interview, it was determined the facility failed to ensure controlled medications were tracked and kept secure from potential theft and/or diversion. This was true for 1 of 2 medication carts reviewed. This failure created the potential for undetected misuse and/or diversion of controlled medications and had the potential to affect all residents who received controlled medication in the facility. Findings include: On 1/21/26 at 12:46 PM, during the medication cart audit, observed the narcotic accountability sheets, dated 1/1/26 to 1/21/26, with 3 licensed nurse signatures not documented on 1/8/26 and 1/13/26. On 1/21/26 at 12:48 PM, RN #1 stated two nurses should have signed the narcotic accountability sheet when they accepted the medication cart or released the medication cart. On 1/21/26 at 1:07 PM, the DON stated two nurses should have signed the narcotic accountability record when they accepted the medication cart or released the medication cart.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135111	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Syringa Chalet Nursing Facility	700 East Alice Street Blackfoot, ID 83221

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. Based on observation, policy review, and staff interview, it was determined the facility failed to ensure medications were secure and inaccessible to unauthorized staff and residents. This was true for 1 of 2 medication carts. This failure created the potential for harm to a resident if they were to obtain medications which were left unattended and unsecured by staff. Findings include:The facility's Control and Administration of Medications policy dated 11/13/24, documents All medication areas and cabinets shall be kept locked at all times when the medication nurse is not present. On 1/20/26 at 12:30 PM, the following was observed during resident mealtime: - Sawtooth Hall and Targhee Hall medication carts observed unattended, outside of the dining room - Sawtooth Hall medication cart was observed to have one drawer, with medications, ajar. On 1/20/26 at 12:33 PM, RN #2 approached the Sawtooth Hall medication cart and was asked by the surveyor if the Sawtooth Hall medication cart should be locked. RN #2 stated yes, the cart was locked. Surveyor pointed to the drawer that was ajar. RN #2 was able to pull the drawer out and push it back in and relock the Sawtooth Hall medication cart. RN#2 stated the drawer should have been locked but was not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135111	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Syringa Chalet Nursing Facility	700 East Alice Street Blackfoot, ID 83221

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, it was determined the facility failed to ensure all call light strings in resident bathroom showers were easily accessible to residents. This issue was observed for 2 of 13 resident rooms (#303 and #307) bathroom shower call lights. This failure had the potential for harm if residents were not able to summon staff for assistance. Findings include:On 1/21/26 at 9:35 AM, observed in rooms [ROOM NUMBERS], the bathroom shower call light string was curled up so it was not accessible for a resident who may have fallen to the floor.On 1/21/26 at 12:50 PM, the Administrator stated the bathroom shower call light strings should not be curled up and should extend to the floor area of the shower but were not.