

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER Royal Plaza Health and Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2870 Juniper Drive Lewiston, ID 83501	

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** 50981</p> <p>Based on record review and staff interview, it was determined the facility failed to ensure professional standards of practice were followed for 1 of 15 residents (Resident #40) reviewed for bowel and bladder care. This failed practice created the potential for Resident #40 to experience discomfort when his medications were not administered according to the physician's order. Findings include:</p> <p>Resident #40 was admitted to the facility on [DATE], with multiple diagnoses including congestive heart failure, diabetes, and constipation.</p> <p>A quarterly MDS assessment dated [DATE], documented Resident #40 his decision making was poor and he needed cues and/or supervision.</p> <p>A physician's order, documented Resident #40 was to receive the following medications:</p> <ul style="list-style-type: none"> -Milk of Magnesia (MOM, laxative) suspension 1200 mg/15 ml, give 30 ml by mouth as needed for bowel care if no bowel movement for 2 days. If no results within 24 hours, see Dulcolax Suppository ordered, 9/12/24. - Dulcolax suppository 10 mg, insert one suppository rectally every 24 hours as needed for bowel care if no results from MOM, if no results in 24 hours, see Fleets Enema order, ordered 9/12/24. -Fleets enema 7-19 gm/118 ml, insert 1 rectally as needed for bowel care if no result from MOM and subsequent Dulcolax suppository. Complete bowel assessment and notify physician if no results, ordered 9/12/24. <p>Resident #40's Bowel Movement Records, dated 3/16/25 through 4/16/25, documented he did not have a bowel movement from: 4/7/25 through 4/16/25 (9 days).</p> <p>Resident #40's MAR, dated 3/16/25 through 4/16/25, documented he did not receive any bowel care medications when he did not have a bowel movement for 9 days.</p> <p>On 4/16/25 at 4:05 PM the DON reviewed Resident #40's record and stated Resident #40 should have been given MOM suspension when he did not have a bowel movement for 2 days and the physician should have been notified prior to the visit on 4/15/25.</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
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36193</p> <p>Based on record review and staff interview, it was determined the facility failed to ensure residents were free from significant medication errors. This was true for 1 of 3 residents (Resident #10) reviewed for insulin administration. This failure created the potential for Resident #10 to experience hypoglycemia when she was administered insulin which was not according to her physician's order. Findings include:</p> <p>The WebMD website, accessed on 4/21/25 at www.webmd.com/drug-medication stated the following seven rights of medication administration: right individual, right medication, right dose, right time, right route, right documentation and right response.</p> <p>Resident #10 was admitted to the facility on [DATE], with multiple diagnoses including diabetes and hypertension.</p> <p>The March and April 2025 MAR, documented Resident #10 was to receive seven units of insulin Aspart subcutaneously before meals, hold if her blood sugar is less than 140 mg/dl.</p> <p>The March and April 2025 MAR, documented Resident #10 was administered seven units of insulin Aspart when her blood sugar was less than 140 mg/dl on the following dates:</p> <ul style="list-style-type: none"> - 3/31/25 at 7:30 AM, BG was 124 mg/dl - 3/31/25 at 11:30 AM, BG was 98 mg/dl - 3/31/25 at 5:00 PM, BG was 124 mg/dl - 4/3/25 at 11:30 AM, BG was 137 mg/dl - 4/13/25 at 11:30 AM, BG was 123 mg/dl <p>On 4/16/25 at 10:27 AM, the DON reviewed Resident #10's record. The DON stated according to the documentation Resident #10 received insulin Aspart when her blood sugar was less than 140 mg/dl and it should have been held.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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, Food Drug Administration (FDA) Food Code, record review, and staff interview, it was determined the facility failed to ensure kitchen equipment was maintained, cleaned, and sanitized, and food was within the correct temperature at service. These deficiencies had the potential to affect the 57 residents who consumed food prepared by the facility. This placed residents at risk for potential foodborne illnesses and adverse health outcomes. Findings include:</p> <p>1. The FDA Food Code Section 4-602.11 Equipment Food-Contact Surfaces and Utensils documented surfaces of utensils and equipment contacting food that is not time/temperature control for food shall be cleaned. Absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold.</p> <p>The FDA Code Section 4-602.12 Cooking and Baking Equipment documented food-contact surfaces of cooking equipment must be cleaned to prevent encrustation's that may impede heat transfer necessary to adequately cook food. Encrusted equipment may also serve as an insect attractant when not in use.</p> <p>The FDA Food Code Section 6-501.12 Cleaning, Frequency and Restrictions, documented 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 4/16/25 at 1:35 PM, the following was observed:</p> <ul style="list-style-type: none"> -The floor in the walk-in freezer had not been swept as there was an accumulation of onion peelings and other food debris on the floor leading from the freezer to the walk-in refrigerator. -The convection oven doors and the interior back area had a thick layer of dark encrusted residue. -Two ovens had a layer of black encrusted residue on the bottom area of each oven. -The flat top grill had a layer of black encrusted residue on the back left and front areas of the grill. -Cooking skillets had a black layer of encrusted residue. <p>On 4/16/25 at 1:55 PM, a thick accumulation of dust and food particles was observed on top of the dish washing machine. On the interior of the dish washing machine, a thick layer of white particles was observed (an accumulation of lime/hard water deposits).</p> <p>On 4/16/25 at 2:00 PM, [NAME] #1 stated the dish washing machine and other areas of the kitchen are supposed to be cleaned daily, but it had not been done due to short staffing. The RDN confirmed kitchen cleaning and sanitation should be done at least weekly, if not daily.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. FDA Food Code 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding documented except during preparation, cooking, or cooling, the time/temperature control for food safety should be maintained at 135 F or above, or 41 F or less.</p> <p>On 4/16/25 at 12:05 PM, a facility test tray was plated and delivered to surveyors by 12:10 PM. Temperatures of the food were noted to be:</p> <p>43 degrees F: Milk</p> <p>120 degrees F: Chicken Cordon Blue Bites</p> <p>145 degrees F: Mashed potatoes/gravy</p> <p>114 degrees F: [NAME] Beans</p> <p>A review of the dining room steam table Temperature Log for Lunch, dated 4/16/25 documented the following:</p> <p>170 degrees F: Chicken Cordon Blue Bites</p> <p>200 degrees F: Mashed potatoes & gravy</p> <p>180 degrees F: [NAME] beans</p> <p>On 4/16/25 at 12:15 PM, the RDN confirmed the food temperature for the milk, chicken cordon blue bites, and green beans were not within the food safety standard for service.</p>