STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135129	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Discovery Rehabilitation and Living	600 Shanafelt Street Salmon, ID 83467

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 record review, policy review, and interview, it was determined the facility failed to ensure a baseline care plan was developed within 48 hours of resident's admission. This was true for 1 of 3 residents (Resident #36) reviewed for baseline care plan. This failure created the potential for harm when the care plan failed to provide direction for care. Findings include:The facility's Comprehensive Person-Centered Care Planning policy dated 4/2025, documented within 48 hours of the resident's admission, the facility will develop and implement a baseline care plan that includes instructions needed to provide effective and person-centered care. Resident #36 was initially admitted to the facility on [DATE], and readmitted on [DATE], with multiple diagnoses including cauda equina syndrome (an injury or herniated disk compresses nerve roots at the bottom of your spinal cord) and chronic obstructive pulmonary disease (a condition caused by damage to the airways or other parts of the lung).Resident #36's medical record documented her initial baseline care plan had been completed and signed by an RN on 11/24/25, four days after her admission to the facility. On 12/3/25 at 9:33 AM, the DON stated an RN had failed to locked Resident #36's initial baseline care plan in the medical record until 11/24/25, and it should have been locked on 11/22/25, but was not.

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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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 2 of 4 residents (#5 and #15) 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 #5 was admitted to the facility on [DATE], with multiple diagnoses including Alzheimer's disease and dementia.Resident #5 physician's order for oxygen documented START O2 AS NEEDED FOR EMERGENCY TO KEEP SAO2 >90% AT 2 L PER N/C AND NOTIFY MD **THIS IS A STANDARD ORDER ** NOTIFY MD UPON IMPLEMENTATION start date 7/2/25. On 12/2/25 at 11:35 AM, Resident #5's medical record documented SpO2 information gathered on the following dates. - On 9/18/25 SpO2 91% on O2 via nasal cannula.- On 10/3/25 SpO2 94% on O2 via nasal cannula.- On 10/16/25 SpO2 92% on O2 via nasal cannula. On 12/2/25 at 12:00 PM, Resident #5's medical record had no documentation in nursing progress notes regarding oxygen therapy had been started and no documentation the physician had been notified. b. Resident #15 was admitted to the facility on [DATE] with multiple diagnoses including left femur fracture and orthopedic aftercare.Resident #15 physician's order for oxygen documented START O2 AS NEEDED FOR EMERGENCY TO KEEP SAO2 >90% AT 1-5 L PER N/C AND NOTIFY MD **THIS IS A STANDARD ORDER ** NOTIFY MD UPON IMPLEMENTATION.On 12/2/25 at 11:21 AM, Resident #15's medical record documented SpO2 information gathered on the following date. - On 11/22/25 SpO2 96% on oxygen via nasal cannula. On 12/2/25 at 12:05 PM, Resident #15's medical record had no documentation in nursing progress notes on 11/21/25 thru 11/23/25 regarding oxygen therapy had been started and no documentation the physician had been notified. On 12/3/25 at 10:30 AM, the DON stated the SpO2 documentation in Resident #5 and Resident #15's medical records were documentation errors and should not have been made.

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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 and staff interview, it was determined the facility failed to ensure medications available for residents were stored appropriately and not expired, this was true for 1 of 1 for medication carts audited and 1 of 1 treatment carts audited for labeling and storage of medication. This failure created the potential for residents to have missed doses of medication, created the potential for harm to a resident if they were to obtain medications which were left unattended and unsecured by staff, and to receive expired medications with decreased efficacy. Findings include: The following was observed for medication storage: 1.On 12/1/25 at 2:05 PM, observed the medication cart unlocked without a nurse present. On 12/1/25 at 2:08 PM, the Regional Resource Nurse stated the medication cart should not have been left unlocked and locked the drawer. 2. On 12/2/25 at 10:10 AM, the treatment cart was observed by the nurse's station, unlocked. No nurse was present. On 12/2/25 at 10:16 AM, RN #1 stated the treatment cart had medicated creams and wound dressings in it and the treatment cart should have been locked. 3. On 12/2/25 at 10:37 AM, observed in the medication refrigerator a plastic box with a lock on it. The DON stated the box had narcotics in it. The narcotic box was not permanently affixed to the refrigerator. On 12/2/25 at 10:40 AM, the DON stated she did not realize the narcotic box needed to be permanently affixed. 4. On 12/2/25 at 11:02 AM, observed in the medication cart, with LPN #1 present: -an open Saline Nasal spray bottle with an open date of 4/28/24. No manufacturer's expiration date noted. -on the bottom of the 3rd drawer of the medication cart observed one small white round pill and a small white oval pill. On 12/2/25 11:04 AM, LPN #1 confirmed the bottle of Saline Nasal spray did not have a manufacturer's expiration date on it and stated she thought it was only good for a month after opening it and it should not have been on the cart and the loose pills should have been destroyed. On 12/2/25 at 3:20 PM, the DON stated the nasal saline was only good for a month and should not have been on the medication cart. She also stated the medication cart is checked once a month for loose pills by the night nurse. The pills must have been dropped since the last time the medication cart was checked.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, policy review, and review of the Idaho Food Code, the facility failed to appropriately store, distribute, and label foods. This deficient practice had the potential to affect all residents who received meals prepared in the facility's kitchen. This placed residents at risk for potential contamination and use of spoiled foods, and adverse health outcomes including food-borne illnesses. Findings include:The Idaho Food Code, revised February 2021, stated, 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking . refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.On 12/1/25 at 9:45 AM, during a tour of the kitchen with the dietary supervisor the following were observed. - Dishwashing machine temperatures were not obtained and recorded before the morning breakfast dishes had been washed. On 12/1/25 at 9:47 AM, the dietary supervisor stated the dishwashing machine should have been temperature checked before the breakfast dishes had been washed but had not been. In the Dry food storage area -- an opened box of white rice with no opened date labeled. - an opened container of Hollandaise sauce mix with used by date of 11/11/25. In the Walk in Refrigerator -- 1-gallon opened milk container with no opened date label.- 2-gallon container with apple juice (according to the food manager) was not labeled with contents, prep date or used by date.- 1 zip lock bag of cheese not labeled with opened date or use by date. On 12/1/25 at 10:15 AM, the dietary supervisor stated the opened food items should have been correctly labeled and were not. On 12/2/25 at 1:55 PM, a lunch test tray was requested and delivered by dietary staff containing meat loaf, cubed carrots, mashed potatoes with gravy, and a glass of milk. The meat loaf was temperature checked at 88 degrees F and when cut open appeared raw with red meat exposed. The cup of milk temperature checked at 50 degrees F. On 12/2/25 at 2:30 PM, the dietary supervisor and registered dietitian stated the meat loaf had been temperature checked before being served but the portion on the test tray must have been missed. On 12/3/25 at 9:05 AM, during a follow-up visit to the kitchen observed with the dietary manager, three opened gallon milk containers with no opened date labels. On 12/3/25 at 9:08 AM, the dietary supervisor stated the milk should have been dated when opened and had not been. On 12/3/25 at 9:17 AM, observed the following opened and unlabeled food items in the resident refrigerator.- Plastic container with some type of homemade soup liquid in it, only labeled with the resident's name and room number, no dates labeled. - One opened bag containing a half sandwich not labeled with any dates. On 12/3/25 at 10:05 AM, the DON stated the food in the resident refrigerator should have been properly labeled and was not.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observation, interview, and U.S. Food and Drug Administration 2022 Food Code review, the facility failed to ensure garbage cans were properly closed with lids to minimize attracting pests and rodents into the kitchen. This deficient practice had the potential to affect all residents and staff in the facility. Findings include:U.S. Food and Drug Administration 2022 Food Code, 5-501.113 Covering Receptacles. Receptacles and waste handling units for REFUSE, recyclables, and returnables shall be kept covered: (A) Inside the FOOD ESTABLISHMENT if the receptacles and units: (1) Contain FOOD residue and are not in continuous use; or (2) After they are filled.On 12/1/25 at 9:49 AM, observed with the dietary supervisor in the kitchen food prep area a trash can had a hole cut in the top so it could not be closed and was always open to the air. On 12/1/25 at 9:50 AM, the dietary supervisor stated he was not aware the trash can in the food prep area needed to have a closable lid.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, document reviews, and staff interview, it was determined the facility failed to ensure infection control prevention practices were maintained to provide a safe and sanitary environment. These failures had the potential to impact all residents in the facility by placing them at risk for cross contamination and infection. Findings include:The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens regulations 1910.1030, updated 10/19/21, states, Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure and Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.The follow was observed for infection control:On 12/2/25 at 8:04 AM, observed the medication cart by the nurse's station with a blue mug and an energy drink on top of the cart.On 12/2/25 at 8:06 AM, LPN #1 stated the personal drinks were hers and should not have been on top of the medication cart.