

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2026
NAME OF PROVIDER OR SUPPLIER Quinn Meadows Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1033 W Quinn Road Pocatello, ID 83202	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, observation, record review, and staff interview, it was determined the facility failed to ensure a resident's call light was within reach for 1 of 14 residents (Resident #47) reviewed for resident rights. This deficient practice had the potential to cause harm if the resident could not call for assistance when needed or experienced an adverse medical event that required attention. Findings include: The facility's Call Lights: Accessibility and Timely Response policy, revision date 12/31/25, documented. staff will ensure the call light is within reach of resident and secured, as needed. Resident #47 was admitted to the facility on [DATE], with multiple diagnoses including hemiplegia (muscular impairment on one side of the body) and diabetes. On 2/24/26 at 10:11 AM, observed Resident #47 reclining in her bed and her call light pinned to the headwall cord and not within her reach. On 2/24/26 at 10:12 AM, RN #2 stated Resident #47's call light should be within reach and had not been. On 2/24/26 at 12:24 PM, the RSN stated resident call lights should be within the resident's reach and had not been.</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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>Based on record review and staff interview, it was determined the facility failed to provide the Notice of Medicare Non-Coverage (NOMNC CMS-10123) within the CMS required timeframe to 1 of 3 residents (Resident #54) reviewed for beneficiary protection notification. This deficient practice had the potential to cause financial harm or distress for residents when they were not informed of their potential liability for payment when their Medicare Part A benefits ended. Findings include: Resident #54 was admitted to the facility 10/2/25, with multiple diagnoses including open wound to lower left leg and muscle weakness. Resident #54's medical record documented the NOMNC form was signed on 10/13/25, with her Medicare coverage of skilled nursing services ending on 10/14/25. CMS requires beneficiaries to have at least 2 days' notice before skilled nursing services end. On 2/24/26 at 11:34 AM, the Executive Director stated the facility had not provided Resident #54 with the NOMNC document at least 2 days prior to the end of her Medicare coverage of skilled nursing services and should have.</p>		

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<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 facility standing orders, record review and staff interview, it was determined the facility failed to follow facility bowel care standing orders for delivering specific medications when residents do not have BM for over 72 hours for 2 of 4 residents (#5 and #7) who records were reviewed for bowel and bladder care. This failed practice created the potential for residents to experience discomfort when medications were not administered according to the physician's order. Findings include: The facility's routine standing orders and bowel protocol documented the following: - Bisacodyl Delayed Release Tablet: 10 mg as needed for no BM in 3 consecutive days. Do not crush or chew. Do not give within 1 hour of antacids or milk ingestion. - Bisacodyl Suppository: 10 mg rectally as needed, if no results within 24 hours from Bisacodyl Tablet. - Fleet Natural Cleansing Enema: 1 dose rectally as needed, if no results from Bisacodyl Suppository within 24 hours. If no results after enema, then notify Provider for further instructions. Resident #5 was admitted to the facility on [DATE], with multiple diagnoses including fracture of left arm and repeated falls. Resident #5's medical record documented the following related to BM data: - a BM on 1/30/26, and not again until 2/4/26 at 21:36, around 84 hours later. - a BM on 2/16/26 at 21:12, and not again until 2/20/26 at 21:52, about 96 hours later. Resident #5's physician order related to constipation were as follows: - MiraLax Oral Powder 17 GM/SCOOP (Polyethylene Glycol 3350), give 17 grams by mouth one time a day for Constipation -Start Date: 1/14/26, (Note; this was given each day as ordered). - Bisacodyl Tablet Delayed Release, give 10 mg by mouth as needed for constipation, take one tablet PRN for no bowel movement in 3 consecutive days. FYI do not crush or chew. Do not give within 1 hour of antacids or milk ingestion -Start Date 1/7/26, (Note; this was not given in [DATE]). - Bisacodyl Suppository Insert 10 mg rectally as needed for constipation, If no results within 24 hours from Bisacodyl tablet, may give Bisacodyl Suppository per rectum -Start Date 1/7/26, (Note; this was not given in [DATE]). - Fleet Naturals Cleansing Enema (Rectal Cleansers), Insert 1 dose rectally as needed for constipation, If no results from Bisacodyl Suppository within 24 hours, may give one fleet type cleansing enema. If there is still no results, contact/notify MD for further instructions -Start Date 1/7/26, (NOTE; this was not given in [DATE]). Resident #7 was initially admitted to the facility on [DATE], and was readmitted to the facility on [DATE], with multiple diagnoses including cellulitis of right lower limb (a common, potentially serious bacterial infection of the skin's deep layers, characterized by rapid spreading of red, hot, swollen, and painful skin, usually in one leg) and pulmonary fibrosis (a chronic, progressive lung disease where tissue deep in the lungs becomes scarred, thick, and stiff, making it difficult to breathe and transfer oxygen into the bloodstream). Resident #7 medical record documented the following related to BM data: - a BM on 2/10/26 at 13:38, and not again until 2/15/26 at 21:10, over 120 hours without a documented BM. - a BM on 2/18/26 at 21:42, and not again until 2/22/26 at 21:59, over 96 hours without a documented BM. Resident #7's physician order related to constipation were as follows: - Bisacodyl Tablet Delayed Release Give 10 mg by mouth as needed for constipation. Take one tablet PRN for no bowel movement in 3 consecutive days. FYI do not crush or chew. Do not give within 1 hour of antacids or milk ingestion -Start Date 1/23/26 (NOTE; one dosage given on 2/15/26). - Bisacodyl Suppository Insert 10 mg rectally as needed for constipation If no results within 24 hours from Bisacodyl tablet, may give Bisacodyl Suppository per rectum -Start Date 1/23/26 (NOTE; not given in [DATE]). - Fleet Naturals Cleansing Enema (Rectal Cleansers) Insert 1 dose rectally as needed for constipation If no results from Bisacodyl Suppository within 24 hours, may give one fleet type cleansing enema. If there is still no results contact/notify MD for further instructions -Start Date 1/23/26 (NOTE; not given in [DATE]). On</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2/24/26 at 10:08 AM, the DNS stated Resident #5 and Resident #7 had no documented BM for over 72 hours without any nursing intervention with prescribed medications ordered by their physicians and should have.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**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 1 of 2 residents (Resident #52) whose records were reviewed for respiratory services. This failure created the potential for residents to experience increased fatigue. Findings include:Resident #52 was initially admitted to the facility on [DATE], and was readmitted to the facility on [DATE], with multiple diagnoses including diabetes and chronic obstructive pulmonary disease (progressive, incurable respiratory condition-primarily caused by smoking-that restricts airflow, causing chronic bronchitis (inflamed airways) and emphysema (damaged air sacs)).On 2/23/26 at 11:22 AM, observed Resident #52's oxygen concentrator was set at 4 lpm and resident was asleep in his bed with the oxygen cannula in his nose.Resident #52's physician oxygen order dated 2/12/26, documented O2 at 2 L/M via NC continuous to keep sats equal or greater than 88%. Check O2 SATS every shift. On 2/24/26 at 10:20 AM, observed with RN #1, Resident #52's oxygen concentrator was set at 4 lpm. RN #1 stated the oxygen concentrator should not have been at 4 lpm and she turned it back down to 2 lpm.On 2/24/26 at 11:00 AM, the Regional Support Nurse stated someone should have caught the increased oxygen lpm and had not.</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, record review, and staff interview, it was determined the facility failed to ensure residents were assessed appropriately for adequate indications for the use of opioid pain medications. This was true for 1 of 4 residents (Resident #23) reviewed for unnecessary medications. This failure created the potential for residents to experience adverse consequences or increased risk of death. Findings include: The facility's Pain Management policy, revision date 12/29/25, documented under Pain Management and Treatment: 7. Pharmacological interventions will follow a systematic approach for selecting medications and doses to treat pain. The following are general principles the facility will utilize for prescribing analgesics. c. Consider evidence-based practice tools to assist in the assessment analgesic therapy for pain. Resident #23 was admitted to the facility on [DATE], with multiple diagnoses including osteomyelitis (a serious infection of the bone or bone marrow) and sepsis (a life-threatening condition caused by the body's extreme response to an infection). Resident #23's medical record included physician orders for pain medication: Oxycodone HCl Oral Tablet 5 MG - Give 1 tablet by mouth every 4 hours as needed for Pain - Moderate. Start Date - 1/30/26 Oxycodone HCl Oral Tablet 5 MG - Give 2 tablets by mouth every 4 hours as needed for Pain - Severe. Start Date - 1/30/26 The following was documented on Resident #23's MAR for administration of Oxycodone HCl 2 tablets - Severe Pain: - 2/6/26 at 15:15 for pain level of 6- 2/7/26 at 09:27 for pain level of 6-2/7/26 at 17:40 for pain level of 6-2/9/26 at 02:55 for pain level of 6-2/12/26 at 14:31 for pain level of 6-2/12/26 at 19:30 for pain level of 2-2/13/26 at 17:42 for pain level of 5-2/17/26 at 15:56 for pain level of 5-2/19/26 at 17:37 for pain level of 5-2/20/26 at 20:14 for pain level of 4-2/21/26 at 09:33 for pain level of 6-2/21/26 at 16:13 for pain level of 6-2/22/26 at 07:55 for pain level of 6-2/22/26 at 17:34 for pain level of 6 On 2/23/26 at 5:10 PM, the DNS stated the facility uses the standard pain scales for resident pain assessments (1-3 = mild, 4-6 = moderate, 7-10 = severe) and the pain medication should have been administered as ordered according to the pain level and had not been.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on interview and document review, the facility failed to report 2025 4th quarter Payroll Based Journal (PBJ) information for the facility as required. This failure created the potential for CMS not to confirm adequate nurse staffing and potential for residents to experience longer waiting times for needed cares. Findings include: On 2/23/26 at 8:00 AM, the surveyor noted the lacked submission of 2025 4th quarter PBJ data to CMS. On 2/23/26 at 10:33 AM, the Executive Director stated the facility failed to submit 2025 4th quarter PBJ data to CMS as required.</p>		