

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Sunterra Springs Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE  3550 West Americana Terrace Boise, ID 83706	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, policy review, and interviews, it was determined the facility failed to ensure the interdisciplinary team had determined it was safe for a resident to self-administer medications. This was true for 1 of 1 resident (Resident #29) reviewed for self-administration of medications. This failure created the potential for adverse outcome if Resident #29 was to take her medications inappropriately. Findings include: The facility's Resident Self-Administration of Medication policy, revised 7/2024, documented residents had the right to self-administer medication and may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely. Resident #29 was admitted to the facility on [DATE], with multiple diagnoses including hypertension, and GERD (a chronic digestive disorder where stomach acid frequently flows back into the esophagus). Resident #29's care plan revised 12/15/25, documented she had impaired vision secondary to being legally blind. A physician order dated 12/12/25, documented the following: calcium carbonate (Tums) tablet chewable 500 mg: Give 1 tablet by mouth every 6 hours as needed acetaminophen (Tylenol) tablet 325 mg: Give 2 tablets by mouth every 6 hours as needed A Self-Administration Evaluation dated 12/12/25, documented Resident #29 did not want to self-administer medication while in the facility. On 1/5/26 at 2:06 PM and 1/6/26 at 8:49 AM, a bottle labeled antacids was observed on top of Resident #29's bedside table. Inside the bottle were several white oblong shaped pills mixed with round colored tablets. When asked about the white oblong shaped pills, Resident #29 stated the white pills were Tylenol. When asked how often she takes the antacids and Tylenol, Resident #29 stated she took the antacids and Tylenol whenever she needed them. On 1/6/26 at 10:02 AM, the DON accompanied the surveyor to Resident #29's room and verified the antacid bottle at Resident #29's bedside was Tums, and the white pills were Tylenol. The Self-Administration Evaluation was reviewed with the DON who confirmed the assessment documented Resident #29 did not want to self-administer medications. The DON stated Resident #29 should not be self-administering medications.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Sunterra Springs Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE  3550 West Americana Terrace Boise, ID 83706	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on policy review, record review, and interviews, it was determined the facility failed to ensure the physician was notified of a change in condition. This was true for 3 of 3 residents (#19, #37, and #48) reviewed for physician notification. This failure had the potential for harm if the physician was not provided with information necessary to make decisions to initiate and/or alter interventions to meet a resident's changing needs. Findings include:</p> <p>The facility's policy and procedure for Weight Monitoring revised on 7/2024, documented the physician was to be notified of significant weight variances, which included gain or loss if any of the following occurred:</p> <p>5% weight change in 30 days</p> <p>7.5% weight change in 90 days</p> <p>10% weight change in 180 days</p> <p>1. Resident #19 was admitted to the facility on [DATE], with multiple diagnoses including fracture of the right femur, diabetes, and Crohn's Disease (a chronic inflammatory disease in the digestive tract).</p> <p>A Comprehensive MDS assessment dated [DATE], documented Resident #19 was cognitively intact and he required set-up only for eating.</p> <p>Resident #19's care plan dated 12/12/25, documented he was at risk for nutritional deficits and would not experience any untreated weight variances.</p> <p>On 1/5/26 at 1:59 PM, Resident #19 stated he felt he had lost about 10 pounds since admission and thinks it may be due to recent decreased appetite and the food not appealing to him.</p> <p>Resident #19's weight log documented the following:</p> <p>12/12/25 weight of 163.2 pounds</p> <p>1/7/26 weight of 137.2 pounds</p> <p>The weight loss between 12/12/25 and 1/7/26 resulted in a 14.9% weight loss since admission (27 days).</p> <p>On 1/8/26 at 9:04 AM, the DON stated she could not find documentation that the physician had been informed of Resident #19's change in weight.</p> <p>2. Resident #37 was admitted to the facility on [DATE], with multiple diagnoses including fracture of the right femur, B-12 deficiency anemia, and hyperlipidemia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Sunterra Springs Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE 3550 West Americana Terrace Boise, ID 83706	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #37's Comprehensive MDS assessment dated [DATE], documented she was cognitively intact, and she required set-up only for eating.</p> <p>Resident #37's care plan dated 10/13/25, documented she was at risk for nutritional deficits and would not experience any untreated weight variances.</p> <p>Resident #37's weight log documented the following:</p> <p>10/14/25 weight of 138.0 pounds</p> <p>1/5/26 a weight of 121.6 pounds</p> <p>The weight loss between 10/14/25 and 1/5/26 resulted in a 11.66% weight loss since admission (84 days).</p> <p>On 1/8/26 at 1:30 PM, the DON stated she could not find documentation that the physician had been informed of Resident #37's change in weight.</p> <p>On 1/8/26 at 9:40 AM, the physician assistant stated he would want to be notified of any significant weight loss. He also stated if he were notified of a resident's significant weight loss, he would see them face to face and write a short progress note in the EMR and add any orders needed.</p> <p>3. Resident #48 was admitted to the facility on [DATE] with multiple diagnoses including, mild cognitive impairment, sepsis, and Parkinson's disease with dyskinesia (a progressive neurological disorder affecting movement).</p> <p>Resident #48's record documented she had the following vital signs:</p> <p>11/2/25 at 7:00 AM, BP: 108/61, Temp: 97.5, HR: 89, Resp: 18.</p> <p>11/2/25 at 9:58 PM, BP: 95/57, Temp: 99.3, HR: 103, Resp: 20</p> <p>There was no documentation on Resident #48's record the DON or the physician were notified of the decrease of blood pressure or the increase in temperature or heart rate taken on 11/2/25 at 9:58 PM.</p> <p>Resident #48's Nursing Progress Note documented the following:</p> <p>11/3/25 at 3:40 AM resident was found pulseless. Emergency protocol was activated, and family was notified. Despite paramedics' effort, resuscitation was unsuccessful.</p> <p>11/3/25 at 5:08 AM, documented Resident #48 passed away.</p> <p>11/3/25 at 6:40 AM, documented resident #48 was monitored every hour during the shift.</p> <p>There was no documentation on Resident #48's records she was monitored every hour per the Nursing Progress Note.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Sunterra Springs Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE  3550 West Americana Terrace Boise, ID 83706	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/9/26 at 11:03 AM, when asked what monitoring was in place every hour, the DON stated hourly rounds were done to check on the residents. When asked if hourly checks include taking vital signs, the DON stated vitals were not done hourly, the checks were just to put eyes on the residents.</p> <p>On 1/9/26 at 11:14 AM, when asked about the expectation of nursing staff when there is a change in vital signs, the DON stated the expectation was for vitals to be rechecked to confirm vitals were abnormal. When asked if Resident #48's vitals were rechecked, the DON stated, not that I can see in the documentation. When asked if the nurse notified the physician of the change in vitals, the DON stated there was nothing indicated in the chart that the physician was notified of a change.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Sunterra Springs Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE  3550 West Americana Terrace Boise, ID 83706	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Sunterra Springs Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE  3550 West Americana Terrace Boise, ID 83706	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on policy review, staff interview, record review, and review of the State Long Term Care Reporting System, it was determined that facility failed to ensure residents were free from misappropriation of property and exploitation. This was true for 3 of 3 residents (#57, #58, and #59) reviewed for abuse, neglect, misappropriation of resident property, and exploitation. This failed practice created the potential for all facility residents to experience exploitation and misappropriation of property. Findings include: The facility's Abuse, Neglect and Exploitation policy revised 4/2025, stated the facility would prevent all types of abuse, neglect, exploitation and misappropriation of residents' property. The CMS SOM, Appendix PP dated 7/23/25, defined:- Exploitation, as taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion.- Misappropriation of resident property, as the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consents. 1) Resident #57 was admitted to the facility on [DATE] with multiple diagnoses including several fractured bones including lower right leg, sacrum, and right pubis, and dementia. Resident #57's physician's order for oxycodone (narcotic pain medication) 5 mg, give one-half tablet once daily. (Scheduled for 1 PM daily) 2) Resident #58 was admitted to the facility on [DATE] with multiple diagnoses including aftercare following surgery on the digestive system. Resident #58's physician's order for oxycodone 10 mg, give one tablet every 6 hours as needed for moderate pain. 3) Resident #59 was admitted to the facility on [DATE] with multiple diagnoses including fracture of vertebra T7-T8, and congestive heart failure. Resident #59's physician's order for oxycodone 5 mg, give one-half to one and one half tablet every 4 hours as needed for pain. A Facility Reported Incident dated 7/2/25, included an investigation summary which documented on 7/2/25, LPN #4 was found to have diverted medications intended for resident use. The investigative summary documented LPN #4 was observed by the DON to drop multiple pills on the floor, one of the pills appeared to be an oxycodone (a controlled medication). The DON referred to the facility video footage and noted LPN #4 had removed several controlled medications into the same medicine cup and signed them out of the controlled medication logbook. LPN#4 was questioned about the location of the drugs, she first stated she disposed of them in the sharps container and when that was disproved, she then claimed she disposed of them in the trash. The trash was searched by the DON and Administrator, and the drugs were not located in the trash. LPN #4 refused to allow the Administrator and DON to search her personal bag and left the building. Upon review of the controlled drug logbook, the MAR, and resident interviews, the DON noted five total medications were signed out but had not been administered to the identified residents. The missing drugs belonged to the following residents: Resident #57's physician's order for oxycodone 5 mg, 1 tablet Resident #58's physician's order for oxycodone 10 mg, 1 tablet Resident #59's physician's order for oxycodone 5 mg, 3 tablets The facility's investigation substantiated LPN #4's diversion of controlled substances belonging to Resident #57, #58, and #59 and due to suspicion of diversion and refusal to assist in search of missing medications LPN #4's employment was terminated. On 1/8/26 at 2:50 PM, the Administrator confirmed LPN #4 was charged with diverting medications intended for resident use from Resident #57, #58, and #59. These findings represent past non-compliance with this regulatory requirement. The facility did the following:-LPN #4's employment was terminated immediately in accordance with facility policy and Idaho State Regulations.-A comprehensive audit conducted of controlled substance inventory and documentation.-The identified residents were interviewed and pain level assessed and treated-Report made to state authority-Police report made to Boise PD-Board of Nursing Licensure was notified-Pharmacy was notified and their representative came to facility and performed audit of all controlled substances.-All licensed staff were given an in-service training discussing the facility policy, Potential Diversion and Controlled Substance Accountability. Training for all licensed nurses completed on 7/2/25. There was sufficient evidence the facility corrected the non-compliance as of 7/2/25 as there were no further exploitation and misappropriation of property reported after this date. At the time of the survey, the facility was in substantial compliance for this regulation and therefore does not require a plan of correction.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Sunterra Springs Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE  3550 West Americana Terrace Boise, ID 83706	
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, it was determined the facility failed to ensure resident specific discharge paperwork was provided to the hospital during transfer. This was true for 1 of 2 residents (Resident #47) whose records were reviewed. This deficient practice had the potential for harm if resident required health information not provided to the hospital. Findings include: The State Operations Manual Appendix PP issued 7/23/25, documented when the facility discharged a resident under any circumstances, the facility must ensure that the transfer or discharge was documented in the resident's medical record. Resident #47 was admitted to the facility on [DATE] with multiple diagnoses including aftercare following a surgical procedure. Resident #47's Nursing Notes documented the following: On 11/6/25 at 9:47 AM - Resident #47 had scattered scabs on his hands and arms. On 11/6/25 at 2:41 PM - Resident #47 at the hospital. Resident #47's record did not include documentation why he was at the hospital. On 1/6/26 at 3:13 PM, the DON stated on 11/6/25 Resident #47 was driven to his appointment at the Infectious disease clinic. The DON stated Resident #47 refused to get out of the transport vehicle due to severe pain and was diaphoretic. The PA at the clinic assessed him and was sent to the emergency room. When asked why the Nursing Notes did not include documentation of the Resident #47's reason for hospitalization, the DON stated, I guess the best practice is to document the resident went to the hospital.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Sunterra Springs Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE  3550 West Americana Terrace Boise, ID 83706	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and staff interview, it was determined the facility failed to ensure residents' care plans were revised and updated as needed. This was true for 1 of 12 residents (Resident #54) whose care plan was reviewed. This created the potential for adverse outcomes if resident #54's care and services provided were not ordered by the physician. Findings include:Resident #54 was admitted to the facility on [DATE], with multiple diagnoses including repeated falls, major depressive disorder, and anxiety.Resident #54's care plan initiated 12/29/25, documented Resident #54 was at risk for falls secondary to left sided weakness and directed staff to encourage the use of the call light and to keep resident's room free of clutter and tripping hazards.On 1/5/26 at 11:38 AM, Resident #54's bed was observed against the wall by the window. When asked about the location of her bed, Resident #54 stated staff moved her bed against the wall after she fell out of bed.On 1/8/26 at 10:50 AM, When asked if the resident's bed against the wall was in the care plan, the DON stated, I do not see it in the care plan. On 1/8/26 at 10:55 AM, the DON and the RNC accompanied the surveyor to Resident #54's room and confirmed the bed against the wall and stated the bed should have been care planned for fall intervention.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Sunterra Springs Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE  3550 West Americana Terrace Boise, ID 83706	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interviews, the facility failed to ensure professional standards of care were followed for 3 of 12 residents (#48, #51, and #55) reviewed for quality of care. Resident #48 and #51's medications were not clarified from the physician. Resident #55 did not receive her therapy session as scheduled. These failed practices had the potential to adversely affect residents whose care and services were not delivered according to accepted standards of clinical practice. Findings include: 1. Resident #48 was admitted to the facility on [DATE] with multiple diagnoses including, mild cognitive impairment, dysphagia (difficulty swallowing), sepsis, and Parkinson's disease with dyskinesia (a progressive neurological disorder affecting movement).</p> <p>Resident #48's record documented the following Progress Notes:</p> <p>A Nursing Progress Note dated 11/1/25 at 3:04 PM, Resident #48's spouse brought medication in a bottle to the facility that read Carbidopa / Levodopa (medication for Parkinson's) ODT 25-100 mg tablet - dissolve 1 tablet on top of tongue three times a day. Resident #48's spouse stated this dosing may be better for resident as she had difficulty swallowing.</p> <p>A Nursing Progress Note dated 11/2/25 at 10:07 AM and 11/2/25 at 1:24 PM, Resident #48 was unable to swallow safely and the DON, ADON, and provider was notified.</p> <p>A Nursing Progress Note dated 11/2/25 at 1:31 PM, the on-call provider approved ODT Carbidopa / Levodopa per spousal request.</p> <p>An Order Type Progress note (tracking various clinical orders) dated 11/2/25 at 1:31 PM Carbidopa / Levodopa tablet 25-100 mg give 1 tablet sublingually five times a day exceeds the usual frequency of 2 times per 7 days to 4 times per day.</p> <p>There was no documentation on Resident #48's records that the order had been clarified with the provider regarding the frequency dosing of the medication.</p> <p>On 1/9/26 at 11:37 AM, when asked about the Order note dated 11/2/25 at 1:31 PM regarding the five times per day entry, the DON stated, I think this is a transcription error and confirmed Resident #48 had previously been taking the medication three times per day.</p> <p>2. Resident #51 was admitted to the facility on [DATE], with multiple diagnoses including chronic lymphocytic leukemia.</p> <p>A Hospital After Visit Summary dated 12/28/25, documented Resident #51 was to receive Voriconazole (anti-fungal) 200 mg tablet, one tablet by mouth every 12 hours for 23 doses.</p> <p>A January 2026 MAR, documented Resident #51 was to receive Voriconazole oral tablet 50 mg. Give 200 mg by mouth every 12 hours for fungal infection for 175 administration SIX 50 MG TABLETS EQUALS 300 MG.</p> <p>On 1/8/26 at 11:29 AM, the DON reviewed Resident #51's physician's order and stated, This is confusing and the dosing doesn't add up, the order should have been clarified from the physician.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Sunterra Springs Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE  3550 West Americana Terrace Boise, ID 83706	
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>3. Resident #55 was admitted to the facility on [DATE], with multiple diagnoses including aftercare following a surgical procedure on the digestive system, and heart failure.</p> <p>A Physical Therapy Evaluation and Plan of Treatment dated 12/20/25, documented Resident #55 was to receive Therapeutic Activities 5 times per week.</p> <p>On 1/6/26 at 9:40 AM, Resident #55 stated she was supposed to have physical therapy five times a week, but did not have therapy the week before. Resident #55 stated she did not know if she was done with her physical therapy since she was told she could walk in her room and go to the bathroom without assistance.</p> <p>A COTA progress note dated 12/24/25, documented Resident #55 missed her occupational therapy session due to NSG [nursing] completing care/colostomy care in afternoon, unable to see despite several attempts. The progress note did not document how many attempts were attempted or if Resident #55 refused the therapy.</p> <p>There was no documentation on why Resident #55 missed her physical therapy on 12/24/25 and occupational therapy on 12/26/25.</p> <p>On 1/6/26 at 2:19 PM, the Physical Therapist stated he evaluated Resident #55 and recommended for her to have PT/OT five times a week. The Physical Therapist stated they were working on her transfer and ambulation. When asked if Resident #55 had completed her PT/OT program, the Physical Therapist stated he works part-time in the facility and did not know if Resident #55 had completed her physical and occupational therapy program.</p> <p>On 1/7/26 at 9:19 AM, the OTA stated when a resident missed their physical or occupational therapy during the weekdays, generally they would provide an extra session during the weekend to cover the missed therapy. The OTA stated there was no progress notes for the missed PT session on 12/24/25 and OT session on 12/26/25.</p> <p>Resident #55's PT/OT record did not have documentation she had PT/OT on the following weekend to cover her missed PT/OT session.</p> <p>On 1/7/26 at 2:51 AM, the DON with the Administrator present reviewed Resident #55 PT and OT progress notes and stated, from the notes there was an issue on wound care. When asked if colostomy wound care would last that long, the DON stated she would look for the documentation for the missed OT session.</p> <p>On 1/7/26 at 3:07 PM, the DON provided a Physical Therapy progress note dated 1/7/26, which documented Per nursing, extended time would be needed today for wound changes 3 attempts at therapy were made, unable to see pnt [patient] d/t [due to] nursing needs such as wound changes and pain management timing issues. This progress note was made 14 days after the missed session.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Sunterra Springs Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE  3550 West Americana Terrace Boise, ID 83706	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>Based on personnel record review and staff interviews, it was determined the facility failed to ensure licensed nurses performed tasks which they had the knowledge, skills, and competencies. This was true for 1 of 5 licensed nurses reviewed for completion of the required trainings and competencies necessary to care for resident's needs. This failure had the potential to affect all residents in the facility and increased the risk of harm to residents if staff were not trained on how to provide care and services to residents. Findings include:LPN #1's hire date was 9/26/25. Review of her personnel file did not document she had completed her onboarding training. LPN #1 completed 3 out of 24 of the assigned modules.On 1/9/26 at 12:00 PM, the Administrator confirmed LPN #1 had not completed her required training beyond the three she completed on 1/7/26 and stated she should not have been working with residents without completing all her training.On 1/9/26 at 12:15 PM, the DON stated all newly hired staff must complete their assigned training by the due date prior to working with residents. When questioned about LPN #1's training, the DON stated she was not aware the training had not been completed and had not addressed it with LPN #1.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Sunterra Springs Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE  3550 West Americana Terrace Boise, ID 83706	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and staff interview, it was determined the facility failed to ensure pharmacist recommendation were addressed by the physician. This was true for 1 of 5 residents (Resident #31) whose pharmacy recommendations were reviewed. This failure created the potential for Resident #31 to receive medications that were ineffective. Findings include:Resident #31 was admitted to the facility on [DATE], with multiple diagnoses including aftercare for fracture of right femur, bipolar disorder, and major depressive disorder. Resident #31's record documented the following physician's orders:lurasidone (an antipsychotic medication) oral tablet 20 mg, give 20 mg by mouth one time a day: take with 80 mg for 100 mg total. Start 12/18/25.An Interim Medication Regimen Review form included a section for the pharmacist to write his/her detailed description of irregularity and recommendations and a section for the physician to make a comment regarding the pharmacist recommendation.Resident #31's Interim Medication Regimen Review form dated 12/23/25, documented the Pharmacist wrote, Lurasidone: Per manufacturer's recommendation: Administer lurasidone with a meal. Medication is dependent on food for absorption.Resident #31's Interim Medication Regimen Review form dated 12/23/25, was signed by the physician's but did not indicate accept or decline of the pharmacist's recommendation for lurasidone to be taken with food.On 1/7/26 at 11:30 AM, RN #1 reviewed Resident #31's MAR and stated the medication was scheduled to be administered between 1400 (2:00 PM) and 1600 (4:00 PM), but no indication it was to be administered with a food.On 1/7/26 at 10:24 AM, the ADON with the DON present, reviewed Resident #31's Interim Medication Regimen form and stated the physician should have marked that they acknowledged the recommendation one way or the other and they did not.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Sunterra Springs Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE  3550 West Americana Terrace Boise, ID 83706	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and staff interview, it was determined the facility failed to ensure each resident's drug regimen was free from unnecessary drugs when a psychoactive medication was administered without adequate indication for its use. This was true for 1 of 5 residents (Resident #39) reviewed for unnecessary medications. This deficient practice created the potential for harm if residents received medications that may result in negative outcomes without clear indication of need. Findings include:Resident #39 was admitted to the facility on [DATE] with multiple diagnoses including depressive disorder, hypertension, and osteoporosis. Resident #39's physician's order for lorazepam (anti-anxiety medication) oral tablet 0.5 mg, give one by mouth every 24 hours as needed for anxiety.Resident #39's MAR documented she was administered lorazepam 0.5 mg oral tablet on 1/3/26 and again on 1/6/26.Resident #39's Monitor For Anxiolytic Use did not indicate she had anxiety symptoms or behaviors on 1/3/26 and 1/6/26.On 1/7/26 at 9:35 AM, the DON reviewed Resident #39's records and confirmed she was administered an anti-anxiety medication on 1/3/26 and on 1/6/26 with no documentation of symptoms or behaviors. The DON stated her expectation was for her staff to document anxiety symptoms or behaviors present when administering anti-anxiety medications prescribed to be given as needed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Sunterra Springs Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE  3550 West Americana Terrace Boise, ID 83706	
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and staff interview, it was determined the facility failed to ensure residents were protected from significant medication errors. This was true for 2 of 12 residents (#31 and #56) reviewed for medications. This deficient practice created the potential for harm if residents received the wrong dosage of medications. Findings include: The online Nursing 2025 Drug Handbook accessed on 1/12/26, stated the eight rights of medication administration were: Right drug Right patient Right dose Right time Right route Right reason Right response Right documentation 1. Resident #31 was admitted to the facility on [DATE], with multiple diagnoses including aftercare for fracture of right femur, bipolar disorder, and major depressive disorder. Resident #31's record documented the following physician's orders: Lurasidone oral tablet 20 mg, give 20 mg by mouth one time a day for antipsychotic: take with 80 mg for 100 mg total. Start 12/18/25. Resident #31's MAR dated 12/18/25 through 12/27/25 documented she received lurasidone as follows: At 6:00 AM lurasidone oral tablet 20 mg by mouth one time a day At 2:00 PM lurasidone oral tablet 80 mg by mouth one time a [NAME] Nursing Progress Note dated 12/27/25, documented Resident #31 requested her lurasidone 20 mg and 80 mg oral tablets to be administered together in the evening medication pass. On 1/7/26 at 2:15 PM, the DON reviewed Resident #31's physician's order and December 2025 MAR and stated she did not know why the dose was divided from 12/18/25 through 12/27/25. 2) Resident #56 was admitted to the facility on [DATE] with multiple diagnoses including aftercare following joint replacement surgery, osteoarthritis of left knee, and dementia. A Medication error report dated 10/3/25, documented LPN #3 administered Resident #56 Lyrica 75 mg (a controlled medication) and avelity 45-105 mg (an antipsychotic medication) in error. The report documented the medication was intended for a resident in a different room. Per the report, both the resident and her husband were upset about the error, but no physical harm noted. On 1/7/26 at 2:30 PM, the DON reviewed the medication error report and confirmed LPN #3 reported the medication error to her and took full responsibility for the mistake.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Sunterra Springs Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE  3550 West Americana Terrace Boise, ID 83706	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and staff interview, it was determined the facility failed to ensure pharmacy labels matched the physician's order. This was true for 1 of 5 residents (Resident #40) whose medication administration was observed. This failed practice created the potential for harm if Resident #40's Prazosin (blood pressure medication) was administered at the wrong dose. Findings include: The State Operations Manual, Appendix PP revised 7/23/25 documented . labeling of the medication or device pursuant to a prescription/order. Resident #40 was admitted to the facility on [DATE] and re-admitted on [DATE], with multiple diagnoses including hypertensive heart disease with heart failure (when long-standing high blood pressure strains the heart, resulting in heart failure). A physician's order, dated 1/2/26 documented Resident #40 was to receive the following: Prazosin HCl 1 mg capsule: 2 capsules by mouth two times a day for hypertension for systolic blood pressure less than 110 and heart rate less than 60. On 1/7/26 at 7:54 AM, LPN #2 prepared Resident #40's medication which included the Prazosin and administered the oral medication at 8:11 AM. The Prazosin pharmacy label documented Give 1 capsule by mouth twice daily. On 1/7/26 at 10:57 AM, when asked to confirm the Prazosin pharmacy card label, LPN #2 stated the label read to give 1 capsule by mouth twice daily, but the physician order changed to 2 capsules by mouth twice daily. On 1/8/26 at 11:28 AM, when the DON was asked if the physician order and the pharmacy card label were to match, the DON confirmed the label should match the physician order.</p>		