

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2024
NAME OF PROVIDER OR SUPPLIER  Cascadia of Nampa		STREET ADDRESS, CITY, STATE, ZIP CODE  900 N Happy Valley Rd Nampa, ID 83687	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36461</p> <p>Based on facility document review, record review, observation, and resident and staff interview, it was determined the facility failed to ensure residents' rights for self-determination was honored. This was true for 3 of 3 residents (#5, #35, and #49) reviewed for choices. This deficient practice had the potential for Resident #5, #35, and #49 to experience a decreased sense of well-being, lack of self-worth, and frustration when their preference for having the television (TV) on in the dining room during meals was not accommodated. Findings include:</p> <p>Review of the facility document, Resident Rights 2017, documented .The Resident has the right to make choices about the aspects of his/her life in the facility that are significant to the resident .</p> <p>- Resident #5 was admitted to the facility on [DATE] with multiple diagnoses including spina bifida (a condition that occurs when the spine and spinal cord do not form properly which can range from being mild to causing serious disabilities) and muscle weakness.</p> <p>An annual MDS assessment, dated 3/22/24, documented Resident #5 was moderately cognitively impaired.</p> <p>Resident #5's care plan for activities, revised 12/27/23, documented Resident #5 has engaged in bingo, coloring, watching TV .</p> <p>- Resident #35 was initially admitted to the facility on [DATE], with multiple diagnoses including diabetes and depression.</p> <p>A quarterly MDS assessment, dated 5/3/24, documented Resident #35 was moderately cognitively impaired.</p> <p>Resident #35's care plan for activities, revised 2/5/24, documented Resident #35 .Will watch TV in dining room at mealtimes only .</p> <p>- Resident #49 was initially admitted to the facility on [DATE] with multiple diagnoses including diabetes and muscle weakness.</p> <p>A quarterly MDS assessment, dated 3/25/24, documented Resident #49 was cognitively intact.</p> <p>(continued on next page)</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:  135144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2024
NAME OF PROVIDER OR SUPPLIER  Cascadia of Nampa		STREET ADDRESS, CITY, STATE, ZIP CODE  900 N Happy Valley Rd Nampa, ID 83687	
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #35's care plan for activities, revised 2/5/24, documented staff were to .Provide a program of activities that is of interest and empowers the resident by encouraging/allowing choice, self-expression, and responsibility .</p> <p>1. On 6/19/24 at 12:15 PM, Resident #5, Resident #35, and Resident #49 were observed in the B-Hall independent dining room watching TV while waiting for lunch to be served. When the lunch trays arrived at 12:30 PM, CNA #3 was observed turning the TV off, in the middle of a program that Resident #5, Resident #35, and Resident #49 were watching. Resident #5, Resident #35, and Resident #49 stated to CNA #3 their dislike of the TV being turned off and CNA #3 stated .I know, but I have to . and walked away.</p> <p>During an interview on 6/19/24 at 12:45 PM, Resident #35 and Resident #49 stated they liked the TV on during their meal and did not like it being turned off. Resident #49 stated he was told the TV was to be turned off during meals to .avoid distractions . during the meal. Resident #49 also stated some staff turned the TV off and some did not, and he ate all his meals in the dining room. Resident #35 agreed with Resident #49 that some staff would turn it off and others did not, but he also preferred to watch TV while eating. Resident #5 agreed with Resident #35 and Resident #49 that she preferred to have the TV on while eating. The TV was turned back on at 1:00 PM by CNA #4. Resident #35 and Resident #49 had finished eating and left the dining room, however Resident #5 was still eating and was observed actively watching the TV.</p> <p>2. On 6/20/24 at 11:30 AM, in the B-Hall independent dining room, Resident #5, Resident #35, and Resident #49 were observed watching TV while waiting for the lunch meal to be served. Lunch was served at 12:15 PM and the TV was not turned off, or the volume turned down, while the residents ate.</p> <p>During an interview on 6/20/24 at 12:45 PM, Resident #35, Resident #5, and Resident #49 stated they were happy the TV was not turned off while they ate their meal.</p> <p>During an interview on 6/22/24 at 9:15 AM, Resident #6, who was the current Resident Council President, stated some staff would turn off the TV during meals in the dining room and others did not. She stated she was unsure why some turned it off and stated .I think they want us to talk to each other . She also stated this concern had not been brought up at resident council meetings.</p> <p>3. On 6/22/24 at 11:15 AM, the TV was observed on and Resident #49 and Resident #35 were in the dining room actively watching TV while waiting for lunch. Lunch was served at 12:05 PM and the TV was not turned off, or the volume turned down, during the meal. Resident #5, Resident #35, and Resident #49 were actively watching TV while eating.</p> <p>During an interview on 6/22/24 at 12:20 PM, LPN #1 for B-Hall stated the TV could be left on during mealtimes, especially if the residents requested it. LPN #1 stated the volume could be lowered if needed, but if the residents requested the TV to be left on it should be on as it was their choice as this was their home. LPN #1 also stated that CNA #3 would turn the TV off and was educated by LPN #1 if the residents want the TV left on, it could be, but there was no policy that stated that the TV had to be turned off.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2024
NAME OF PROVIDER OR SUPPLIER  Cascadia of Nampa		STREET ADDRESS, CITY, STATE, ZIP CODE  900 N Happy Valley Rd Nampa, ID 83687	
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/22/24 at 12:30 PM, the Administrator and DON stated the TV could be left on during meals, as this was the residents' home and their choice. The Administrator stated the volume could be adjusted so the staff could be aware of any potential choking concerns, but if they wanted the TV on, it should be left on. The Administrator also stated the facility did not have a specific policy regarding this but referred to the facility Resident Rights 2017 document provided to all residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2024
NAME OF PROVIDER OR SUPPLIER  Cascadia of Nampa		STREET ADDRESS, CITY, STATE, ZIP CODE  900 N Happy Valley Rd Nampa, ID 83687	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 12679</p> <p>Based on observation, record review, policy review, and staff interview, it was determined the facility failed to ensure a fall prevention intervention was implemented following a fall. This was true for 1 of 3 residents (Resident #10) whose records were reviewed. This had the potential for harm if the resident sustained an injury from a fall. Findings include:</p> <p>The facility's Accidents and Supervision to Prevent Accidents policy, dated 10/15/22, documented .The facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistance devices to each resident to prevent avoidable accidents .</p> <p>Resident #10 was admitted to the facility on [DATE], with multiple diagnoses including abnormalities of gait and mobility.</p> <p>A fall risk evaluation, dated 8/8/23, documented Resident #10 was a fall risk.</p> <p>A quarterly MDS assessment, dated 8/10/23, documented Resident #10 was moderately cognitively impaired. The assessment further documented she required extensive assistance of one staff for bed mobility and extensive assistance of two staff for transfers and was dependent on staff for bathing.</p> <p>An incident progress note, dated 10/22/23, documented a post fall investigation was completed for Resident #10. The note documented Resident #10 sustained a fall from her bed and was found on the floor near the bed. The progress note further documented Resident #10 was assessed for injuries she hit her head and had possible bruising to the posterior scalp.</p> <p>An interdisciplinary team (IDT) progress note, dated 10/23/23, documented Resident #10's fall was reviewed and Resident #10 said she was going to prepare lunch for her mother. The IDT note documented Resident #10 was on comfort measures and refused to get out of bed. The IDT recommended a low bed and to have a fall mat placed next to her bed.</p> <p>Resident #10's care plan, dated 10/23/23, documented the facility implemented an impact floor mat to increase the Resident #10's safety.</p> <p>A fall risk evaluation, dated 2/5/24, documented Resident #10 continued to be a fall risk.</p> <p>A health status progress note, dated 2/5/24, documented a NA found Resident #10 on the floor face down adjacent to her bed with her feet at the head of the bed. The note documented Resident #10 stated she had a dream she could walk.</p> <p>Another progress note, dated 2/5/24, documented Resident #10 sustained a bruise on her right cheek and was sent to the local emergency room for evaluation and treatment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2024
NAME OF PROVIDER OR SUPPLIER  Cascadia of Nampa		STREET ADDRESS, CITY, STATE, ZIP CODE  900 N Happy Valley Rd Nampa, ID 83687	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An emergency room progress note, dated 2/5/24, documented Resident #10 presented to the hospital due to a recent fall and the resident struck the right side of her face. Tests were run and there were no injuries. The resident was later returned to the facility on the same day.</p> <p>On 6/18/24 at 10:16 AM, two NAs were observed conducting a mechanical lift transfer of Resident #10. There was no impact floor mat next to Resident #10's bed during this observation.</p> <p>On 6/19/24 at 1:26 PM, Resident #10 was in bed and stated she felt safe. There was no impact floor mat next to her bed.</p> <p>During an interview on 6/19/24 in Resident #10's room at 4:25 PM, NA #2 confirmed she worked with Resident #10 a great deal and she confirmed Resident #10 did not have a fall mat on the floor, next to her bed. NA #1 was also present and confirmed there was no floor mat on the floor next to Resident #10's bed and there was none located in her room.</p> <p>During an interview on 6/20/24 at 2:20 PM, the DON stated the floor mat was to be placed on the floor next to Resident 10's bed since this would reduce the likelihood of injury if the resident fell on the floor.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2024
NAME OF PROVIDER OR SUPPLIER  Cascadia of Nampa		STREET ADDRESS, CITY, STATE, ZIP CODE  900 N Happy Valley Rd Nampa, ID 83687	

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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>30347</p> <p>Based on observation, policy review, and staff interview, it was determined the facility failed to ensure waste was properly contained with lids or otherwise covered. This created the potential for insect and pest infestation of the facility's premises and had the potential to adversely affect all 90 residents residing in the facility. Findings include:</p> <p>The facility's Pest Control policy, dated 10/18/23, documented routine inspections were conducted at the facility for evidence of pests. The policy documented staff were to keep the facility grounds free of trash and brush and to keep the dumpster area clean and the lid closed.</p> <p>On 6/18/24 at 10:20 AM, with the Dietary Manager the area in the parking lot behind the kitchen where the trash dumpster was located was observed. One dumpster used to contain the facility trash and recycling material was open and the lid was flipped back exposing boxes and bags of trash.</p> <p>During an interview on 6/18/24 at 10:20 AM, the Dietary Manager stated, The dumpster should be closed and not left open.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2024
NAME OF PROVIDER OR SUPPLIER  Cascadia of Nampa		STREET ADDRESS, CITY, STATE, ZIP CODE  900 N Happy Valley Rd Nampa, ID 83687	

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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 12679</p> <p>Based on policy review, record review and staff interview, it was determined the facility failed to ensure residents were offered a pneumococcal vaccine they were eligible to receive. This was true for 2 of 5 residents (#31 and #52) whose records were reviewed for pneumococcal vaccinations. This failure created the potential for residents to have an increased risk of pneumococcal (bacterial) pneumonia and the potential for severe illness or death. Findings include:</p> <p>The Centers for Disease Control and Prevention (CDC) Pneumococcal Vaccine Timing for Adults, dated 3/15/23, located at <a href="https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf">https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf</a>, included recommendations for pneumococcal vaccinations for all adults [AGE] years or older as follows:</p> <ul style="list-style-type: none"> <li>- For those who have never received any pneumococcal vaccine, the CDC recommends receiving one dose of PCV20 or PCV15.</li> <li>- For those who have previously received PCV13 at any age and PPSV23 at less than [AGE] years of age, the CDC recommends receiving PCV20 at least five years after administration of PCV13 or PPSV23. The CDC also stated these adults can talk with their doctor and decide, together, whether to get the PCV20 vaccine.</li> </ul> <p>The facility's Pneumococcal Program policy, dated 5/31/23, documented for routine vaccination for those who are age 65 or older who have not previously received a dose of PCV13, PCV15, or PCV20, or whose previous vaccination history is unknown, 1 dose of PCV15 or 1 dose of PCV20 should be offered. For those who have previously received only the PCV13, 1 dose of PCV20 at least 1 year after the PCV13 was administered or to complete the recommended PPSV23 series should be offered.</p> <p>The following residents who were eligible for the PCV20 vaccine did not have documentation in their record they were offered or received the PCV20 vaccination:</p> <ul style="list-style-type: none"> <li>a. Resident #31 was admitted to the facility on [DATE], with multiple diagnoses including stroke and muscle weakness.</li> </ul> <p>Resident #31's immunization record documented he received the PPSV23 on 10/14/13 and the PCV13 on 4/6/15.</p> <p>Resident #31's record did not include documentation of shared decision-making between Resident #32 and/or his representative and his primary care physician on the possible administration of the PCV20 vaccination.</p> <ul style="list-style-type: none"> <li>b. Resident #52 was admitted to the facility on [DATE], with multiple diagnoses including end stage renal disease and muscle weakness.</li> </ul> <p>Resident #52's immunization record documented he received PCV13 on 11/1/11 and the PPSV23 on 11/1/12. The PCV13 and PPSV23 were administered to the resident before he turned [AGE] years old.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2024
NAME OF PROVIDER OR SUPPLIER  Cascadia of Nampa		STREET ADDRESS, CITY, STATE, ZIP CODE  900 N Happy Valley Rd Nampa, ID 83687	

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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #52's record did not include documentation of shared decision-making between Resident #52 and/or his representative and his primary care physician on the possible administration of the PCV20 vaccination.</p> <p>During an interview on 6/20/24 at 10:02 AM, the Infection Preventionist stated the facility did not have a process between the resident and the physician which would reflect a shared decision making on PVC20 vaccination.</p>