A complaint survey was conducted at the facility from October 9, 2018 through October 11, 2018. The facility was found in substantial compliance with 42 CFR 483.

The surveyors conducting the survey were:

Jenny Walker, RN Team Leader
Presie Billington, RN
Karen Gray, RD
January 10, 2019

Gary "Paul" Arnell, Administrator
The Orchards of Cascadia
404 North Horton Street
Nampa, ID 83651-6541

Provider #: 135019

Dear Mr. Arnell:

On October 9, 2018 through October 11, 2018, an unannounced on-site complaint survey was conducted at The Orchards of Cascadia. The complaint allegations, findings and conclusions are as follows:

Complaint #ID00007678

Allegation #1:
The facility had offensive odors.

Findings #1:

During the investigation 8 residents were observed and their records were reviewed for Quality of Care and Quality of Life, residents and staff were interviewed, and observations were conducted for environment in resident rooms and offensive odors.

Staff were observed providing personal care to incontinent care residents. There was a transient odor during personal cares. The facility had air fresheners in the hallways that were on an automatic spray. After personal cares were provided the staff placed the dirty attends and wipes in a plastic bag then removed the plastic bag out of the room and placed it in the garbage bin in the soiled utility room. No concerns were identified.
Resident and resident family members were interviewed regarding offensive odors and no concerns were identified.

The allegation was not substantiated due to lack of evidence the facility had offensive odors.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

Allegation #2:

The facility's rooms had broken heaters in them.

Findings #2:

Residents were interviewed and no concerns were identified regarding the temperature in their room. One resident stated there was a thermostat in the room to adjust the temperature. Residents stated they did not have a concern with exposed pipes and did not experience a clanking noise to the exposed pipes in the room.

The Administrator stated the heater comes from the broiler and the exposed pipes were part of the heating system and each room has their own heater in the room with a thermostat to adjust the temperature. The Administrator stated sometimes there was a clanking noise through the exposed pipes to assure the broiler was working. No concerns were identified.

The Maintenance logs were reviewed and the broiler was turned on the first week of October. No concerns were identified.

The allegation could not be substantiated due to lack of evidence the heaters in resident rooms of the facility were broken.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

Allegation #3:

The facility did not offer a room change to a resident.
Findings #3:

The facility's grievance files were reviewed and no concerns were identified for residents requesting a room change.

Eight resident clinical records were reviewed for concerns with room changes. One resident's clinical record documented the facility offered a room change for a resident and the resident declined the room change. One resident's clinical record did not include documentation the resident requested a room change.

Four residents were interviewed and no concerns were identified for concerns of their room and requesting a room change. The residents stated they liked their room and if they did have a concern the facility would have offered a room change.

The allegation was substantiated. However, no deficiencies were cited related to the facility offering room changes to residents.

CONCLUSIONS:

Substantiated. No deficiencies related to the allegation are cited.

One of the allegations was substantiated, but not cited. Therefore, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

If you have any questions, comments or concerns regarding this matter, please contact Laura Thompson, RN, or Belinda Day, RN, Supervisors, Long Term Care Program at (208) 334-6626, Option #2.

Sincerely,

Belinda Day, RN, Supervisor
Long Term Care Program

BD/lj
January 7, 2019

Gary "Paul" Arnell, Administrator
The Orchards of Cascadia
404 North Horton Street
Nampa, ID 83651-6541

Provider #: 135019

Dear Mr. Arnell:

On October 9, 2018 through October 11, 2018, an unannounced on-site complaint survey was conducted at The Orchards of Cascadia. The complaint allegations, findings and conclusions are as follows:

**Complaint #ID00007858**

**Allegation #1:**

Residents did not receive pain or anti-nausea medication and it was not received in a timely manner.

**Findings #1:** During the investigation 9 residents were observed and their records were reviewed for Quality of Care and medication management. Six closed records were reviewed, administrative documents were reviewed, and residents and staff were also interviewed.

One resident’s record documented she was on chemotherapy. Her medication record documented she was administered morphine, gabapentin, and Norco as needed for pain. The resident also had Zofran as needed for nausea and vomiting. She was seen by a nurse on duty to administer her medications or to attend to her needs every day.

The Director of Nursing stated the facility allowed a 1 hour time frame before and after the documented time in the medication administration record for the resident’s medications to be administered. The resident’s medications for pain and nausea were given as scheduled according to the documentation in her medication record.
Residents who were interviewed said their pain was managed and they had no concerns.

The Grievance Logs from December 2017 through September 2018 had no concerns documented regarding medications being administered late.

Based on the investigative findings the allegation could not be substantiated.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

Allegation #2:

A resident was taken to the hospital by a family member instead of the facility calling an ambulance.

Findings #2:

During the investigation 9 residents were observed and their records were reviewed for Quality of Care and medication management. Six closed records were reviewed, administrative documents were reviewed, and residents and staff were also interviewed.

One resident was taken to the Emergency Room for nausea and vomiting by a family representative. The Emergency Room report documented the Resident was prescribed meclizine and Compazine in the past which did not alleviate her symptoms. The resident was administered intravenous fluid, metoclopramide (an anti-nausea medication), and promethazine (an anti-nausea medication) in the Emergency Room.

On 10/11/18 at 10:55 AM, the Director of Nursing said the nurse on duty the day the resident was taken to the Emergency Room by a family representative was a new nurse, and the nurse thought it was alright for a family representative to take the resident to the Emergency Room. The Director of Nursing said the facility had a transport service and provided transport to a resident when needed. The Director of Nursing said the nurse was educated regarding sending a resident to the hospital when necessary.

The allegation was substantiated, however no deficiencies were cited in relation to the allegation.

CONCLUSIONS:

Substantiated. No deficiencies related to the allegation are cited.
Allegation #3:

Resident linens were not changed for over 3 weeks.

Findings #3:

Certified Nursing Assistants (CNAs) were interviewed and stated sheets and pillow cases were changed after each shower for the residents. They stated towels and washcloths were changed daily and when needed.

Several residents were interviewed and they did not have concerns regarding linen changes. The residents said their trash cans were being emptied during the day time by the housekeeper or by the CNAs.

Grievance logs from December 2017 through September 2018 were reviewed and there were no complaints linens were not changed.

Observations were conducted during the investigation of resident beds and bathrooms for linen cleanliness and there were no identified concerns.

Based on the investigative findings it was determined the allegation could not be substantiated.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

Allegation #4:

The floors of the resident rooms were not swept or mopped, and trashcans were not emptied for over 3 weeks.

Findings #4:

During the complaint investigation, resident's rooms were observed for cleanliness. Residents' rooms were observed to be clean and their trashcans were emptied.

The Grievance Log from December 2017 through September 2018 were reviewed and no complaints of residents' room not being cleaned.

Several residents were interviewed and said their rooms were being cleaned every day. Based on investigative findings, it was determined the allegations could not be substantiated.
CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

Allegation #5:

A resident was left in the same compression wraps for 3 weeks.

Findings #5:

Several CNAs were interviewed and said residents' compression garments were being wash and hang to dry during the night to be use again the following day. The CNAs said they would ask the nurse to provide a new compression garment when it was really soiled or worn out.

Two residents were observed wearing a compression garments and there was no concern.

Based on investigative findings, the allegations could not be substantiated.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

Based on the findings of the investigation, deficiencies were cited and included on the Statement of Deficiencies and Plan of Correction forms. No response is necessary to this findings letter, as it will be addressed in the provider's Plan of Correction.

If you have any questions, comments or concerns regarding this matter, please contact Laura Thompson, RN, or Belinda Day, RN, Supervisors, Long Term Care Program at (208) 334-6626, Option #2.

Sincerely,

Laura Thompson, RN, Supervisor
Long Term Care Program

LT/lj