



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

TAMARA PRISOCK—ADMINISTRATOR
LICENSING & CERTIFICATION
DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P. O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

February 4, 2020

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

Provider #: 135019

Dear Mr. Arnell:

On **January 22, 2020**, a survey was conducted at The Orchards of Cascadia. by the Idaho Department of Health and Welfare, Division of Licensing and Certification, Bureau of Facility Standards to determine if your facility was in compliance with state licensure and federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was not in substantial compliance with Medicare and/or Medicaid program participation requirements. **This survey found the most serious deficiency to be an isolated deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy, as documented on the enclosed CMS-2567, whereby significant corrections are required.**

Enclosed is a Statement of Deficiencies and Plan of Correction, Form CMS-2567 listing Medicare and/or Medicaid deficiencies. If applicable, a similar State Form will be provided listing licensure health deficiencies. In the spaces provided on the right side of each sheet, answer each deficiency and state the date when each will be completed.

NOTE: The alleged compliance date must be after the "Date Survey Completed" (located in field X3) and on or before the "Opportunity to Correct." **Please provide ONLY ONE completion date for each federal and state tag (if applicable) in column (X5) Completion Date** to signify when you allege that each tag will be back in compliance. Waiver renewals may be requested on the Plan of Correction.

Gary "Paul" Arnell, Administrator
February 4, 2020
Page 2 of 4

After each deficiency has been answered and dated, the administrator should sign the Form CMS-2567 and State Form (if applicable), Statement of Deficiencies and Plan of Correction in the spaces provided and return the original(s) to this office.

Your Plan of Correction (PoC) for the deficiencies must be submitted by **February 14, 2020**. Failure to submit an acceptable PoC by **February 14, 2020**, may result in the imposition of penalties by **March 8, 2020**.

The components of a Plan of Correction as required by CMS must:

- Address what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- Address how you will identify other residents who have the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- Address what measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur;
- Indicate how the facility plans to monitor performance to ensure the corrective action(s) are effective and compliance is sustained; and
- Include dates when corrective action will be completed in column (X5).

If the facility has not been given an opportunity to correct, the facility must determine the date compliance will be achieved. If CMS has issued a letter giving notice of intent to implement a denial of payment for new Medicare/Medicaid admissions, consider the effective date of the remedy when determining your target date for achieving compliance.

- The administrator must sign and date the first page of the federal survey report, Form CMS-2567 and the state licensure survey report, State Form (if applicable).

All references to federal regulatory requirements contained in this letter are found in *Title 42, Code of Federal Regulations*.

Remedies will be recommended for imposition by the Centers for Medicare and Medicaid Services (CMS) if your facility has failed to achieve substantial compliance by **February 26, 2020 (Opportunity to Correct)**. Informal dispute resolution of the cited deficiencies will not delay the imposition of the enforcement actions recommended (or revised, as appropriate) on **April 21, 2020**. A change in the seriousness of the deficiencies on **March 7, 2020**, may result in a change in the remedy.

Gary "Paul" Arnell, Administrator
February 4, 2020
Page 3 of 4

The remedy, which will be recommended if substantial compliance has not been achieved by **April 22, 2020** includes the following:

Denial of payment for new admissions effective **April 22, 2020**. [42 CFR §488.417(a)]

If you do not achieve substantial compliance within three (3) months after the last day of the survey identifying non-compliance, the CMS Regional Office and/or State Medicaid Agency must deny payments for new admissions.

We must recommend to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on **July 22, 2020**, if substantial compliance is not achieved by that time.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, CMS will provide you with a separate formal notification of that determination.

If you believe these deficiencies have been corrected, you may contact Belinda Day, RN or Laura Thompson, RN, Supervisors Long Term Care, Bureau of Facility Standards, 3232 Elder Street, Post Office Box 83720, Boise, Idaho, 83720-0009; phone number: (208) 334-6626, option 2; fax number: (208) 364-1888, with your written credible allegation of compliance. If you choose and so indicate, the PoC may constitute your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, neither the CMS Regional Office nor the State Medicaid Agency will impose the previously recommended remedy, if appropriate.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed by the CMS Regional Office or the State Medicaid Agency beginning on **April 22, 2020** and continue until substantial compliance is achieved. Additionally, the CMS Regional Office or State Medicaid Agency may impose a revised remedy(ies), based on changes in the seriousness of the non-compliance at the time of the revisit, if appropriate.

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2001-10. Informational Letter #2001-10 can also be found on the Internet at:

Gary "Paul" Arnell, Administrator
February 4, 2020
Page 4 of 4

<http://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateFederalPrograms/NursingFacilities/tabid/434/Default.aspx>

go to the middle of the page to **Information Letters** section and click on **State** and select the following:

- BFS Letters (06/30/11)

2001-10 Long Term Care Informal Dispute Resolution Process
2001-10 IDR Request Form

This request must be received by **February 14, 2020**. If your request for informal dispute resolution is received after **February 14, 2020**, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during the survey. If you have any questions, comments or concerns, please contact Belinda Day, RN, or Laura Thompson, RN, Supervisors, Long Term Care Program at (208)334-6626, option #2.

Sincerely,



Laura Thompson, RN., Supervisor
Long Term Care Program

lt/lj

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/22/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ORCHARDS OF CASCADIA, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH HORTON STREET NAMPA, ID 83651
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 000	INITIAL COMMENTS The following deficiency was cited during a complaint survey conducted from January 21, 2020 through January 22, 2020. The survey was conducted by: Monica Meister, QIDP, MEd, Team Coordinator Juanita Stemen, RN Survey Abbreviations: CNA - Certified Nurse Assistant MDS - Minimum Data Set	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to	F 880		2/14/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/11/2020
---	-------	--------------------------------

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2020
NAME OF PROVIDER OR SUPPLIER ORCHARDS OF CASCADIA, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH HORTON STREET NAMPA, ID 83651		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	Continued From page 1 §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and	F 880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2020
NAME OF PROVIDER OR SUPPLIER ORCHARDS OF CASCADIA, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH HORTON STREET NAMPA, ID 83651		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	<p>Continued From page 2</p> <p>transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, record review, policy review, and staff interview, it was determined the facility failed to ensure staff provided resident care in a manner to prevent cross-contamination of bacteria and/or the potential development of urinary tract infections for 2 of 7 residents (#1 and #5) who were observed for infection prevention. This failure had the potential to result in cross-contamination from soiled gloves from one area of a resident's body to another and potential to cause urinary tract infections from the backflow of urine. Findings include:</p> <p>The facility's Hand Hygiene/Handwashing policy, dated 11/28/17, documented hand hygiene was to be performed:</p> <ul style="list-style-type: none"> * Between tasks and procedures on the same patient when contaminated with body fluids. * When moving from a contaminated body site to a clean body site. * After removal of gloves. * When otherwise indicated to avoid transfer of microorganisms to other patients or environments. <p>The facility's Linen & Laundry policy, dated 11/28/17, documented:</p> <ul style="list-style-type: none"> * Linen and laundry were handled in a manner to reduce the likelihood of recontamination. 	F 880	<p>F 880</p> <p>Resident Specific - Residents #1 and #5 were assessed by licensed nurse on 1/23/2020 and 1/24/2020, respectively to ensure residents were free from infection. Assessment of residents concluded no findings of infection.</p> <p>Other Residents - CNA's #1 and #2 were educated on 1/22/2020 regarding deficient infection control practices. The clinical management team reviewed infection control practices through random pericare audits including catheter care and handwashing completed on or before 2/14/2020 by Infection Preventionist or designee. Adjustments have been made as indicated.</p> <p>Facility Systems - Clinical staff were educated by Infection Preventionist or designee to facility infection control policy including but not limited to hand hygiene, catheter bag placement, linen and laundry policies, and management of contaminated surfaces on or before 2/14/2020.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2020
NAME OF PROVIDER OR SUPPLIER ORCHARDS OF CASCADIA, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH HORTON STREET NAMPA, ID 83651		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	<p>Continued From page 3</p> <p>* Soiled linen or linen bags should not be placed on the floor.</p> <p>1. Resident #1 was admitted to the facility on 12/19/19 with diagnoses which included end stage renal disease, morbid (severe) obesity due to excess calories, and Type 2 diabetes mellitus.</p> <p>Resident #1's annual MDS assessment, dated 11/15/19, documented she required extensive assistance with bed mobility, dressing, toilet use, and personal hygiene. The assessment also documented Resident #1 was totally dependent on staff for transfers and bathing.</p> <p>On 1/22/20 at 8:40 AM, CNA #1 and CNA #2 were observed providing Resident #1 with incontinence care while he was in bed on his back. Wearing gloves, CNA #1 and CNA #2 cleaned under the resident's abdominal folds and his left and right groin area. They then repositioned Resident #1 onto his right side. CNA #1 cleaned his buttocks and sacral area of soft feces. After repositioning Resident #1, CNA #1 then pushed the soiled draw sheet under Resident #1 further under him toward CNA #2 on the opposite side of the bed. While still wearing the same gloves, CNA #1 retrieved a clean draw sheet and adult brief to place on Resident #1. After turning him onto his left side, CNA #1 and CNA #2, still wearing the same gloves, adjusted the draw sheet and clean adult brief under Resident #1. They then pulled the soiled draw sheet from under him. CNA #2 placed the soiled draw sheet on the floor and continued adjusting Resident #1.</p> <p>After completion of the incontinence care, CNA</p>	F 880	<p>Monitor - The Infection Preventionist or designee will audit 5 random residents for pericare, catheter bag placement, linen and laundry policies, and management of contaminated surfaces weekly for 3 weeks and then monthly x 3 months. Any concerns will be addressed immediately and discussed with the PI committee. The PI committee may adjust the frequency of the monitoring after 3 months, as it deems appropriate.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2020
NAME OF PROVIDER OR SUPPLIER ORCHARDS OF CASCADIA, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH HORTON STREET NAMPA, ID 83651		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	<p>Continued From page 4</p> <p>#1 and CNA #2 bagged the soiled sheet and the soiled trash in separate bags, then placed them on the floor.</p> <p>On 1/22/20 at 9:15 AM, CNA #1 confirmed she did not change her soiled gloves prior to retrieving and placing the clean draw sheet and adult brief on Resident #1. She said she did not have clean gloves in her pocket, and she nor CNA #2 could walk away from Resident #1 to retrieve new ones. CNA #1 said she was not allowed to carry clean gloves in her pocket.</p> <p>On 1/22/20 at 9:40 AM, CNA #2 was interviewed and confirmed she did not change her gloves after cleaning Resident #1's groin and abdominal folds. She said she should have changed her gloves after cleaning Resident #1's groin area. She confirmed she continued to wear the soiled gloves when she touched the clean draw sheet and adult brief.</p> <p>2. The facility's Indwelling Catheters policy, dated 11/28/17, documented to prevent catheter associated infections, unobstructed urine flow and drainage bag positioning was to be maintained below the level of the bladder.</p> <p>This policy was not followed.</p> <p>Resident #5 was admitted to the facility on 8/8/18, and re-admitted on 12/18/19, with diagnoses which included multiple sclerosis (a potentially disabling disease of the brain and spinal cord), paraplegia (paralysis of the legs and lower body, typically caused by spinal injury or disease), and need for assistance with personal care.</p>	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2020
NAME OF PROVIDER OR SUPPLIER ORCHARDS OF CASCADIA, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH HORTON STREET NAMPA, ID 83651		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	Continued From page 5 Resident #5's admission MDS, dated 12/25/19, stated he required extensive assistance of two persons for bed mobility, dressing, toilet use, and personal hygiene. The assessment also stated Resident #5 was totally dependent on staff for transfers and had an indwelling urinary catheter. Resident #5's care plan, dated 8/27/18, documented to prevent risk for complications and development of a urinary tract infection, Resident #5's urinary drainage bag was to be kept below the level of his bladder. On 1/22/20 at 9:18 AM, Resident #5 was observed in his room sitting up in his chair. CNA #1 and CNA #2 were in the room preparing to transfer him into his bed, utilizing a mechanical lift. CNA #1 and CNA #2 pulled the straps of the sling, which were in the chair under Resident #5, to the hooks on the mechanical lift. CNA #2 retrieved Resident #5's catheter drainage bag, which contained a moderate amount of urine, and hooked it to one of the sling hooks on the front of the lift. This placed the drainage bag to approximately the level of Resident #5's mid abdomen. Once CNA #1 and CNA #2 began to lift Resident #5 with the device, the drainage bag and tubing raised to the level of his head, causing the urine to backflow in the tubing toward Resident #5's bladder. On 1/22/20 at 9:40 AM, CNA #2 confirmed Resident #5's catheter bag and tubing were at the level of his head. On 1/22/20 at 12:05 PM, the Infection Control Preventionist stated staff received training on	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2020
NAME OF PROVIDER OR SUPPLIER ORCHARDS OF CASCADIA, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH HORTON STREET NAMPA, ID 83651		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	Continued From page 6 when they should change their gloves and perform handwashing during resident care. She confirmed soiled linens or bags with soiled trash and soiled linens, should not be thrown onto the floor.	F 880			



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

TAMARA PRISOCK—ADMINISTRATOR
LICENSING & CERTIFICATION
DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

February 14, 2020

Douglas Peterson, Administrator
The Orchards of Cascadia
404 North Horton Street
Nampa, ID 83651-6541

Provider #: 135019

Dear Mr. Peterson:

On **January 21, 2020** through **January 22, 2020**, an unannounced on-site complaint survey was conducted at The Orchards of Cascadia. The complaint allegations or entity-reported incidents, findings and conclusions are as follows:

Complaint #ID00008105

ALLEGATION #1:

Residents' right to be treated with respect and dignity is not upheld.

FINDINGS #1:

During the survey, grievances, investigations and resident records were reviewed, and observations and interviews were conducted with the following results:

Observations were conducted in the facility on 1/21/20 and 1/22/20. During the observations, 13 residents were asked about their experiences in the facility and whether they were treated with respect and dignity. All 13 residents reported they were treated with respect and dignity. All 13 residents stated they were treated well by the staff and were pleased with their care and services.

Nine resident records were selected for review. Of those 9 records, 2 were closed records (meaning the resident no longer resided in the facility). No concerns related to respect and dignity were identified.

The facility's grievances and investigations were reviewed. An investigation alleged a resident was neglected when the resident was left alone at an outside appointment without staff to care for her, and was left sitting in dirty briefs. The investigation documented the resident was interviewed after she returned to the facility and the resident stated she had previous experiences of attending outside appointments without staff accompaniment and did not expect facility staff to remain with her. The resident stated she had an episode of incontinence while checking out of the doctor's office and she used the restroom. The resident stated she became "stuck" on the "low boy" toilet and was assisted by the office staff. The office staff notified a facility Certified Nurse Assistant (CNA), who was in a different part of the doctor office, who then promptly assisted the resident. The resident stated the facility CNA then helped her clean up at the office and then assisted her to thoroughly clean herself after they returned to the facility.

Another grievance documented a resident was at an outside appointment when she had a bowel movement. The outside provider called the facility and the facility promptly sent a CNA to provide assistance to the resident. The outside provider also alleged the resident attended the appointment without a caregiver and the resident's oxygen tank was empty. An investigation was attached to the grievance which documented the resident was changed and clean when she left for the appointment and the resident attended the appointment without a caregiver. However, the outside provider was interviewed and reported the resident had never needed support during her previous appointments. A CNA from the facility arrived and responded to the resident and checked the oxygen tank which was found to be half full. The investigation documented the facility would transport the resident to future appointments and staff would remain with the resident.

Both the investigation and the grievance contained documented evidence of being thoroughly investigated and corrective action being taken.

It could not be determined that residents' right to be treated with respect and dignity was not upheld.

Based on the investigative findings, the allegation could not be substantiated, and no deficient practice was identified.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #2:

Residents who are unable to carry out activities of daily living are not receiving the necessary services to maintain grooming and personal hygiene.

FINDINGS #2:

During the survey, grievances, investigations and resident records were reviewed, and observations and interviews were conducted.

Observations were conducted in the facility on 1/21/20 and 1/22/20. During the observations, residents were noted to be clean and well groomed. Thirteen residents were asked whether they received necessary services related to grooming and personal hygiene. All 13 residents reported they received the necessary care and services to maintain grooming and personal hygiene. All 13 residents stated they were pleased with their care and services.

Nine resident records were selected for review. Of those 9 records, 2 were closed records. No concerns related to grooming and personal hygiene were identified.

The facility's grievances and investigations were reviewed. An investigation alleged a resident was neglected when the resident was left alone at an outside appointment without staff to care for her, and was left sitting in dirty briefs. The investigation documented the resident was interviewed after she returned to the facility and the resident stated she had previous experiences of attending outside appointments without staff accompaniment and did not expect facility staff to remain with her. The resident stated she had an episode of incontinence while checking out of the doctor's office and she used the restroom. The resident stated she became "stuck" on the "low boy" toilet and was assisted by the office staff. The office staff notified a facility Certified Nurse Assistant (CNA), who was in a different part of the doctor office, who then promptly assisted the resident. The resident stated the facility CNA then helped her clean up at the office and then assisted her to thoroughly clean herself after they returned to the facility.

A grievance, documented a resident was at an outside appointment when she had a bowel movement. The outside provider called the facility and the facility promptly sent a CNA to provide assistance to the resident. The outside provider also alleged the resident attended the appointment without a caregiver and the resident's oxygen tank was empty. An investigation was attached to the grievance which documented the resident was changed and clean when she left for the appointment and the resident attended the appointment without a caregiver. However, the outside provider was interviewed and reported the resident had never needed support during her previous appointments. A CNA from the facility arrived and responded to the resident and checked the oxygen tank which was found to be half full. The investigation documented the facility would transport the resident to future appointments and staff would remain with the resident.

Both the investigation and the grievance contained documented evidence of being thoroughly investigated and corrective action being taken.

It could not be determined that residents were not receiving the necessary services to maintain grooming and personal hygiene.

Based on the investigative findings, the allegation could not be substantiated, and no deficient practice was identified.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #3:

The facility is not ensuring that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.

FINDINGS #3:

During the survey, resident records were reviewed, and observations and interviews were conducted.

Observations were conducted in the facility on 1/21/20 and 1/22/20. During the observations, 13 residents were asked about their experiences in the facility and whether they received treatment and care in accordance with professional standards of practice, their care plans, and according to their choices. All 13 residents reported they received treatment and care in accordance with professional standards of practice, their care plans, and according to their choices. All 13 residents stated they were pleased with their care and services.

Nine resident records were selected for review. Of those 9 records, 2 were closed records. No concerns related to professional standards of practice, care plans, and residents' choices were identified.

It could not be determined that residents were not receiving treatment and care in accordance with professional standards of practice, their care plans, and their choices.

Based on the investigative findings, the allegation could not be substantiated, and no deficient practice was identified.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #4:

The facility is not ensuring that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs.

FINDINGS #4:

During the survey, resident records and employee training records were reviewed, and observations and interviews were conducted.

Observations were conducted in the facility on 1/21/20 and 1/22/20. During the observations, 13 residents were asked about their experiences in the facility and whether the CNAs were able to demonstrate competency in skills and techniques necessary to care for residents' needs. All 13 residents reported they had no concerns with the facility's CNAs and were pleased with their care and services.

During an observation on 1/22/20 at 8:40 AM, two residents were not observed to be provided with infection prevention and control procedures during personal care.

Nine residents' records were selected for review. Of those 9 records, 2 were closed records. No concerns related to necessary competency to care for residents were identified.

Nine employee's training records were reviewed. All 9 records contained evidence of ongoing training on various topics including, but not limited to, abuse and neglect, respect and dignity, resident rights, infection control and handwashing, oxygen filling and storage, and activities of daily living skills.

It could not be determined that nurse aides were not able to demonstrate competency in skills and techniques necessary to care for residents' needs. Therefore, the allegation was unsubstantiated. However, deficient practice was cited at F880 as it related to the facility's failure to ensure infection prevention practices were implemented by staff

FINDINGS:

Unsubstantiated. Lack of sufficient evidence.

As none of the allegations were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Douglas Peterson, Administrator
February 14, 2020
Page 6 of 6

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,

A handwritten signature in black ink, appearing to read "Laura Thompson".

Laura Thompson, RN, Supervisor
Long Term Care Program

LT/lj



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

TAMARA PRISOCK—ADMINISTRATOR
LICENSING & CERTIFICATION
DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

February 14, 2020

Douglas Peterson, Administrator
The Orchards of Cascadia
404 North Horton Street
Nampa, ID 83651-6541

Provider #: 135019

Dear Mr. Peterson:

On **January 21, 2020** through **January 22, 2020**, an unannounced on-site complaint survey was conducted at The Orchards of Cascadia. The complaint allegations, findings and conclusions are as follows:

Complaint #ID00008280

ALLEGATION #1:

Residents who are unable to carry out activities of daily living are not receiving the necessary services to maintain grooming and personal hygiene.

FINDINGS #1:

An unannounced on-site complaint survey was conducted from 1/21/20 to 1/22/20. During the survey, grievances, investigations and resident records were reviewed, and observations and interviews were conducted.

Observations were conducted in the facility on 1/21/20 and 1/22/20. During the observations, residents were noted to be clean and well groomed. During the observations, 13 residents were asked about their experiences in the facility and whether they received necessary services related to grooming and personal hygiene. All 13 residents reported they received necessary services to maintain grooming and personal hygiene. All 13 residents stated they were pleased with their care and services.

Nine resident records were selected for review. Of those 9 records, 2 were closed records (meaning the resident no longer resided in the facility). No concerns related to grooming and personal hygiene were identified.

The facility's grievances and investigations were reviewed. An investigation alleged a resident was neglected when the resident was left alone at an outside appointment without staff to care for her, and was left sitting in dirty briefs. The investigation documented the resident was interviewed after she returned to the facility and the resident stated she had previous experiences of attending outside appointments without staff accompaniment and did not expect facility staff to remain with her. The resident stated she had an episode of incontinence while checking out of the doctor's office and she used the restroom. The resident stated she became "stuck" on the "low boy" toilet and was assisted by the office staff. The office staff notified a facility Certified Nurse Assistant (CNA), who was in a different part of the doctor office, who then promptly assisted the resident. The resident stated the facility CNA then helped her clean up at the office and then assisted her to thoroughly clean herself after they returned to the facility.

A second grievance documented a resident was at an outside appointment when she had a bowel movement. The outside provider called the facility and the facility promptly sent a CNA to provide assistance to the resident. The outside provider also alleged the resident attended the appointment without a caregiver and the resident's oxygen tank was empty. An investigation was attached to the grievance which documented the resident was changed and clean when she left for the appointment and the resident attended the appointment without a caregiver. However, the outside provider was interviewed and reported the resident had never needed support during her previous appointments. A CNA from the facility arrived and responded to the resident and checked the oxygen tank which was found to be half full. The investigation documented the facility would transport the resident to future appointments and staff would remain with the resident.

Both the investigation and the grievance contained documented evidence of being thoroughly investigated and corrective action being taken.

It could not be determined that residents were not receiving the necessary services to maintain grooming and personal hygiene.

Based on the investigative findings, the allegation could not be substantiated, and no deficient practice was identified.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #2:

Residents are not provided with respiratory care as needed.

FINDINGS #2:

During the survey, grievances, investigations and resident records were reviewed, and observations and interviews were conducted.

Observations were conducted in the facility on 1/21/20 and 1/22/20. During the observations, 13 residents were asked about their experiences in the facility and whether they received necessary services related to their respiratory needs and care. All 13 residents reported they received respiratory services based on their needs and stated they were pleased with their care and services.

Nine resident records were selected for review. Of those 9 records, 2 were closed records. No concerns related to respiratory care were identified.

The facility's grievances and investigations were reviewed. A grievance documented a resident was at an outside appointment when she had a bowel movement. The outside provider called the facility and the facility promptly sent a CNA to provide assistance to the resident. The outside provider also alleged the resident attended the appointment without a caregiver and the resident's oxygen tank was empty. An investigation was attached to the grievance which documented the resident was changed and clean when she left for the appointment and the resident attended the appointment without a caregiver. However, the outside provider was interviewed and reported the resident had never needed support during her previous appointments. A CNA from the facility arrived and responded to the resident and checked the oxygen tank which was found to be half full. The investigation documented the facility would transport the resident to future appointments and staff would remain with the resident.

The grievance contained documented evidence of being thoroughly investigated and corrective action being taken.

It could not be determined that residents were not provided with respiratory care, consistent with professional standards of practice, their care plans, and residents' goals and preferences.

Based on the investigative findings, the allegation could not be substantiated, and no deficient practice was identified.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #3:

Nurse aides are not competent in skills and techniques necessary to care for residents' needs.

FINDINGS#3:

During the survey, resident records and employee training records were reviewed, and observations and interviews were conducted.

Observations were conducted in the facility on 1/21/20 and 1/22/20. During the observations, 13 residents were asked about their experiences in the facility and whether CNAs were able to demonstrate competency in skills and techniques necessary to care for residents' needs. All 13 residents reported they had no concerns with the facility's CNAs and were pleased with their care and services.

Nine residents' records were selected for review. Of those 9 records, 2 were closed records. No concerns related to necessary competency to care for residents were identified.

Nine employees' training records were reviewed. All 9 records contained evidence of ongoing training on various topics including, but not limited to, abuse and neglect, respect and dignity, resident rights, infection control and handwashing, oxygen filling and storage, and activities of daily living skills.

It could not be determined that nurse aides were not able to demonstrate competency in skills and techniques necessary to care for residents' needs.

Based on the investigative findings, the allegation could not be substantiated. However, deficient practice was cited at F880 as it related to the facility's failure to ensure infection prevention practices were implemented by staff.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #4:

Residents' rights to be treated with respect and dignity is not upheld.

FINDINGS #4:

During the survey, grievances, investigations and resident records were reviewed, and observations and interviews were conducted.

Observations were conducted in the facility on 1/21/20 and 1/22/20. During the observations, 13 residents were asked about their experiences in the facility and whether they were treated with respect and dignity. All 13 residents reported they were treated with respect and dignity. All 13 residents stated they were treated well by the staff and were pleased with their care and services.

Nine resident records were selected for review. Of those 9 records, 2 were closed records. No concerns related to respect and dignity were identified.

The facility's grievances and investigations were reviewed. An investigation alleged a resident was neglected when the resident was left alone at an outside appointment without staff to care for her, and was left sitting in dirty briefs. The investigation documented the resident was interviewed after she returned to the facility and the resident stated she had previous experiences of attending outside appointments without staff accompaniment and did not expect facility staff to remain with her. The resident stated she had an episode of incontinence while checking out of the doctor's office and she used the restroom. The resident stated she became "stuck" on the "low boy" toilet and was assisted by the office staff. The office staff notified a facility CNA, who was in a different part of the doctor office, who then promptly assisted the resident. The resident stated the facility CNA then helped her clean up at the office and then assisted her to thoroughly clean herself after they returned to the facility.

Another grievance documented a resident was at an outside appointment when she had a bowel movement. The outside provider called the facility and the facility promptly sent a CNA to provide assistance to the resident. The outside provider also alleged the resident attended the appointment without a caregiver and the resident's oxygen tank was empty. An investigation was attached to the grievance which documented the resident was changed and clean when she left for the appointment and the resident attended the appointment without a caregiver. However, the outside provider was interviewed and reported the resident had never needed support during her previous appointments. A CNA from the facility arrived and responded to the resident and checked the oxygen tank which was found to be half full. The investigation documented the facility would transport the resident to future appointments and staff would remain with the resident.

Douglas Peterson, Administrator
February 14, 2020
Page 6 of 6

Both the investigation and the grievance contained documented evidence of being thoroughly investigated and corrective action being taken.

It could not be determined that residents' right to be treated with respect and dignity was not upheld.

Based on the investigative findings, the allegation could not be substantiated, and no deficient practice was identified.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

As none of the allegations were substantiated, 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,



Laura Thompson, RN, Supervisor
Long Term Care Program

LT/lj