

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

PRINTED: 09/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/09/2020
NAME OF PROVIDER OR SUPPLIER COVE OF CASCADIA, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 620 NORTH SIXTH STREET BELLEVUE, ID 83313		
(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	<p>INITIAL COMMENTS</p> <p>A complaint survey was conducted September 8, 2020 through September 9, 2020 at The Cove of Cascadia. There were no deficiencies cited during the survey as a result of the complaint investigation.</p> <p>Surveyors conducting the survey were:</p> <p>Jenny Walker, RN, Team Leader Sallie Schwartzkopf, LCSW</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

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.



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

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October 1, 2020

Darwin Royeca, Administrator
The Cove of Cascadia
620 N. 6th St.
Bellevue, ID 83313-5174

Provider #: 135069

Dear Mr. Royeca:

On **September 8, 2020** through **September 9, 2020**, an unannounced on-site complaint survey was conducted at The Cove of Cascadia. The complaint allegations, findings and conclusions are as follows:

Complaint #ID00008444

ALLEGATION #1:

The nursing staff were not providing incontinence care to residents.

FINDINGS #1:

During the survey, observations were conducted, resident records were reviewed, Resident Council minutes were reviewed, facility grievances were reviewed, and residents and staff were interviewed.

Resident Council minutes and the facility grievance files were reviewed from December 2019 to September 2020 and no concerns were identified nursing staff were not providing incontinence care to residents.

One Certified Nursing Assistant (CNA) was observed providing incontinence care to a resident and no concerns were identified during the observation. Two CNAs stated during incontinence care they provided incontinent care by removing the soiled adult brief, providing peri care, and then replacing the adult brief with a clean and dry one. The CNAs stated they routinely provided peri care when changing a soiled adult brief and

replaced the brief with a clean and dry one.

Three residents were interviewed regarding nursing staff providing incontinence care. One resident stated the staff assisted her to the bathroom, removed her soiled adult brief, provided peri care, and replaced with a clean, dry adult brief. One resident stated the nursing staff provided peri care each time her adult brief was changed, and her brief was changed routinely.

Five resident records were reviewed, including one closed record (meaning the resident no longer resided in the facility). One resident's record, admitted July 2019, documented the resident was frequently incontinent of urine. The resident's record documented staff provided incontinence care routinely, which included changing the adult brief and providing peri care.

The Assistant Director of Nursing stated the nursing staff were expected to change a soiled brief and provide peri care to all residents who required assistance with incontinence care.

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

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #2:

The licensed nurses refused to administer medications to the residents.

FINDINGS #2:

During the investigation, Resident Council minutes were reviewed, facility grievances were reviewed, resident records were reviewed, and residents and staff were interviewed.

Resident Council minutes and the facility's grievance files were reviewed from December 2019 to September 2020 and no concerns were identified regarding licensed nurses refusing to administer medications to residents.

Three residents were interviewed and no concerns were identified regarding receiving medications as ordered.

Two residents records were reviewed and no concerns were identified residents did not receive medications as ordered by their physician. One of the resident's records documented the resident was admitted July 2019 and discharged December 2019 and no concerns were identified the resident did not receive medications per their physician's orders.

Two nurses were interviewed and stated they would not refuse to administer medications to a

Darwin Royeca, Administrator
October 1, 2020
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resident when they were ordered by the physician.

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

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,

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

Laura Thompson, RN, Supervisor
Long Term Care Program

LT/lj