

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/21/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Orchard View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 Burrell Avenue Lewiston, ID 83501	
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)		
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48401</p> <p>Based on record review, staff interview, and resident interview, it was determined the facility failed to ensure a therapeutic diet was served to 1 of 3 residents (Resident #29) who were prescribed renal diets. This failure placed Resident #29 at risk for complications related to her kidney disease. Findings include:</p> <p>The facility's undated policy titled Therapeutic Diets documented the Dietary Manager will establish and use a tray identification system to ensure each resident receives their diet as ordered.</p> <p>Resident #29 was admitted to the facility on [DATE] with multiple diagnoses including diabetes, and end stage renal disease dependent on renal hemodialysis (a treatment using a machine to replicate kidney function, removing waste from the bloodstream).</p> <p>Resident #29's record documented a physician order, written on 6/12/24, for her to receive a CCHO/Renal (consistent carbohydrate/kidney healthy) diet.</p> <p>Resident #29's dietary meal slip directed the kitchen staff to serve her a Renal/CCHO diet and specified the foods she dislikes. The meal slip included documentation she disliked bananas and oranges.</p> <p>On 10/8/24 at 3:30 PM, Resident #29 stated she is often served bananas and oranges. Resident #29 added she liked oranges very much but because they were not recommended for someone prescribed a renal diet, she had a difficult time resisting temptation and wished the kitchen would follow her meal slip and not send food she should not eat.</p> <p>On 10/9/24 at 8:30 AM, the Dietary Manager stated the prescribed therapeutic diets are noted on the meal slips on each residents' tray and the kitchen staff use menu therapeutic extensions to determine appropriate substitutions. He stated Resident #29 should not have been served oranges if she had them listed as something she disliked, and because they were not recommended for people prescribed a renal diet. The DM stated he did not know why Resident #29 was served oranges when her meal slip directed not to serve oranges.</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: 135103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Orchard View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 Burrell Avenue Lewiston, ID 83501	
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)		
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50981</p> <p>Based on record review, policy review, and staff interview, it was determined the facility failed to ensure residents were protected from significant medication errors. This was true for 1 of 1 resident (Resident #42) reviewed for medication errors. This deficient practice created the potential for harm when the facility failed to administer Resident #42's blood pressure medication for four consecutive days Findings include:</p> <p>The facility's Medication Errors policy and procedure, release date January 2023, documented a medication error as any preventable event that may cause or lead to inappropriate medication use or resident harm while the medication is in the control of the health care professional, resident, or consumer.</p> <p>Resident #42 was admitted to the facility on [DATE], with multiple diagnoses including diabetes, high blood pressure, and schizophrenia.</p> <p>A nurse progress note, dated 5/18/24, documented Resident #42 continued to have elevated blood pressures and his physician prescribed Losartan 50 mg (a medication used to lower high blood pressure) to begin 5/19/24.</p> <p>An Incident Report, initiated 5/28/24, documented RN #1 did not administer Resident #42's Losartan, as ordered, for four consecutive days (5/20/24-5/23/24). The incident report documented the error was discovered by RN #2 on 5/24/24. RN #2 informed the RCM it appeared Resident #42's Losartan doses had not been removed from the blister pack since 5/19/24. During the facility's investigation RN #1 was interviewed and stated she administered every dose of Resident #42's Losartan as ordered. When RN#1 was asked why 4 doses remained in the blister pack for the dates she worked she stated, there must have been a second blister pack of this medication delivered by pharmacy. On 5/30/24 the DON spoke with a pharmacy representative who stated only 1 card of 30 Losartan tablets was delivered to the facility for Resident #42 on 5/19/24. The facility's investigation concluded RN #1 documented she had administered Resident #42's Losartan on those 4 days but the medication had not been administered.</p> <p>On 10/11/24 at 10:00 AM, the DON confirmed RN #1 did not administer Resident #42's Losartan as ordered on May 20, 21, 22, and 23.</p> <p>Following the identification of the medication error, the facility completed the following corrective actions to prevent medication errors:</p> <ul style="list-style-type: none">-immediate physical assessment was preformed for Resident #42 and continued to have elevated blood pressures, but did not require emergent treatment.-Resident #42's physician was notified, and orders were received to increase his blood pressure medications-RN #1 was placed on administrative leave on 5/30/24.-provided medication error education to all licensed nurses on 6/6/24. <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/21/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Orchard View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 Burrell Avenue Lewiston, ID 83501	
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)		
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>-An audit of the Cubex medication storage was completed, and there were no concerns identified.</p> <p>-RN #1 was terminated from employment on 6/7/24.</p> <p>These findings represent past-noncompliance with this regulatory requirement, there was sufficient evidence the facility had corrected the noncompliance as of 6/7/24,</p> <p>and there were no other occurrences of significant medication errors. At the time of the survey, the facility was in substantial compliance for this regulatory requirement and, therefore, does not require a plan of correction.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Orchard View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 Burrell Avenue Lewiston, ID 83501	
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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<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>50981</p> <p>Based on observation, policy review, and staff interview, it was determined the facility failed to ensure medications and medical supplies available for residents were not expired. This was true for 1 of 2 medication storage rooms observed. This failure created the potential for residents to receive expired medications or medical supplies with decreased efficacy. Findings include:</p> <p>The facility's Medication Storage: Storage of Medication policy, initiated January 2023, documented, outdated medications are immediately removed from stock and disposed of according to procedures for medication disposal.</p> <p>On 10/10/24 at 8:35 AM, one of the facility's medication storage rooms was inspected with LPN #1 present. The following medications were observed to be expired:</p> <ul style="list-style-type: none">-One bottle of Deep-Sea Nasal Spray, expired 1/24.-Two bottles of Allergy Relief (fexofenadine hydrochloride) 180 mg tablets, expired 8/24.-Two bottles of Bisacodyl 5 mg tablets, expired 9/24.-One open box of Nicotine patches 21 mg, expired 7/24.-Five bottles of Niacin 100 mg, expired 8/24.-58 single use packets of A & D ointment, expired 5/24.-Two boxes with 100 each, Cotton tipped applicators, individually wrapped, expired 9/22.-One box of 200 Alcohol wipes, individually wrapped, expired 1/24. <p>On 10/10/24 at 8:44 AM, LPN #1 stated it was all of the nurse's responsibility to check the dates on these medications and medical supplies and dispose of the expired ones.</p> <p>On 10/11/24 at 10:00 AM, the DON confirmed the expired medications and medical supplies should have been removed by the nursing staff.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Orchard View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 Burrell Avenue Lewiston, ID 83501	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>06401</p> <p>Based on observation, interview, record review, facility menu review, and policy review, it was determined the facility failed to ensure menus were followed as planned for 3 of 3 residents (Resident #16, #25, and #36) reviewed for this concern. This failure had the potential to cause nutritional needs to go unmet for residents who consumed food prepared from the facility's kitchen. Findings include:</p> <p>The facility's policy titled Menus, revised 10/2008, documented, menus will be prepared in advance, meet the nutritional needs of residents, and be followed.</p> <p>1. The facility's menu for Sunday 10/6/24 documented sweet and sour chicken with Asian stir-fry was planned to be served for the evening meal.</p> <p>Resident #25's MDS assessment on 8/20/24 documented he was cognitively intact.</p> <p>During an interview on 10/8/24 at 2:55 PM, Resident #25 stated on Sunday, 10/6/24, the menu was not served as planned. He stated this tends to happen on the weekends or Monday's because the kitchen did not have the ingredients required to prepare what was on the menu.</p> <p>On 10/9/24 at 12:52 PM, the DM stated he was not always able to order all ingredients needed for the cooks to follow the standardized recipes of food on the planned menu because he had to pare down his food orders to ensure food costs were within budget as directed by the facility's prior Administrator.</p> <p>During an interview on 10/10/24 at 4:00 PM, the DM confirmed the stir-fry was not served on Sunday 10/6/24, as planned on the menu because the kitchen did not have enough of the ingredients required to prepare it.</p> <p>On 10/11/24 at 10:00 AM, the facility's Interim Administrator stated he expected the residents would be served food at meals that they liked and enjoyed. The Interim Administrator stated there should be no budgetary restrictions on the kitchen staff purchasing the food needed to serve the facility's menu as planned.</p> <p>2. On 10/8/24 the facility's breakfast menu documented 1 cup of milk was to be served with the meal.</p> <p>Resident #16's MDS assessment on 9/5/24 documented she was moderately cognitively impaired.</p> <p>Resident #16's EMAR for October 2024 documented she was prescribed to receive a regular diet.</p> <p>On 10/8/24 at 8:20 AM, a staff was observed serving Resident #16 her breakfast meal tray in the main dining room. The staff was observed telling Resident #16 and other residents at the table that the kitchen was out of milk. Resident #16 was observed to be served dry cereal with her breakfast.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Orchard View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 Burrell Avenue Lewiston, ID 83501	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/8/24 at 8:30 AM, [NAME] #2 stated they ran out of milk during the breakfast meal service and a dietary employee left to go to the store to purchase milk. [NAME] #2 added she was informed they received only 2 gallons of milk in the food delivery on 10/7/24.</p> <p>On 10/8/24 at 8:35 AM, Resident #16 was observed in the dining room eating her cereal. The resident's cereal bowl was observed to have a small amount of milk at the bottom. Resident #16 stated LPN #1 brought milk in her lunch and shared her milk with Resident #16 and 4 other residents who did not receive milk with their dry cereal.</p> <p>On 10/8/24 at 8:50 AM, the Administrator stated he was unaware the kitchen only received 2 gallons of milk with their delivery on 10/7/24 or they had run out of milk during breakfast service. The Administrator stated the kitchen staff should have let him know so he could ensure there was milk for breakfast.</p> <p>On 10/8/24 at 8:55 AM, the DM confirmed the kitchen ran out of milk during breakfast service. The DM stated he was unaware they had only received 2 gallons of milk with their food delivery on 10/7/24 until about 20 minutes before breakfast service began. He stated they ordered and expected to receive 20 gallons of milk on 10/7/24 and did not know why their order was short. The DM stated the staff who informed him of the delivery shortage should have informed himself and the Administrator immediately so milk could be purchased and breakfast could be served as planned.</p> <p>3. The facility's menu for breakfast on 10/9/24 documented residents' who receive regular diets should be served two pancakes with their meal.</p> <p>On 9/16/24, Resident #36 was assessed to have severe cognitive impairment.</p> <p>Resident #36's EMAR for October 2024 documented a physician order for him to receive a regular diet.</p> <p>On 10/9/24 at 8:33 AM, Resident #26 was observed eating breakfast in the main dining room. The meal slip served on his tray documented he was to receive a regular diet. Resident #36 was observed to have been served one pancake. Resident #36 stated he got one pancake and wanted another because he was still hungry.</p> <p>On 10/9/24 at 8:40 AM, the Administrator confirmed Resident #36 had been served one pancake and should have been served two pancakes.</p> <p>On 10/9/24 at 8:50 AM, the DM confirmed Resident #36 was prescribed a regular diet and his breakfast was not served as planned. The DM specified Resident #36 should have been served two pancakes.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Orchard View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 Burrell Avenue Lewiston, ID 83501	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>06401</p> <p>Based on observation, interview, test tray review, record review, review of Resident Council Meeting Minutes, and facility policy review, it was determined the facility failed to serve food that was palatable for 7 of 7 residents (Residents' #10, #16, #17, #20, #24, #25, and #26) reviewed for food palatability. This failure created the potential to cause unmet nutritional needs for residents who consumed food prepared from the facility's kitchen. Findings include:</p> <p>The facility's policy titled, Food Preparation, dated 9/27/16, documented, food is stored and prepared by methods that conserve nutritive value, flavor, and appearance to the extent possible and food is prepared according to standardized, yield adjusted recipes by trained staff in order to produce a palatable and attractive meal.</p> <p>1. On 8/20/24 Resident #25 was assessed to be cognitively intact.</p> <p>On 10/7/24 at 3:40 PM, Resident #25 stated the food served at the facility could be improved and specified the food served at meals did not always taste good and was not always seasoned.</p> <p>2. Resident #20 was assessed on 10/1/24 to be cognitively intact.</p> <p>On 10/7/24 at 4:04 PM, Resident #20 stated the food served at the facility could be better and specified the food served at meals did not always taste good because it was not seasoned, and the meat was tough.</p> <p>3. On 7/7/24, Resident #10 was assessed to be cognitively intact.</p> <p>On 10/7/24 at 4:07 PM, Resident #10 stated the food quality at the facility had gone downhill, was not prepared correctly, and did not taste good. Resident #10 stated the fancier the name of the food, the less edible the food was, and the food was lukewarm when served at meals.</p> <p>4. On 9/5/24 Resident #16 was assessed to be moderately cognitively impaired.</p> <p>On 10/7/24 at 4:15 PM, Resident #16 stated the food served at the facility did not taste good because it was not seasoned and was not always hot when served.</p> <p>5. Resident #24 was assessed on 7/16/24 to be cognitively intact.</p> <p>On 10/8/24 at 3:45 PM, Resident #24 stated he was not satisfied with the food served at the facility. Resident #24 specified that he would find better food if he went dumpster diving.</p> <p>6. On 8/13/24, Resident #17 was assessed to be cognitively intact.</p> <p>On 10/8/24 at 3:30 PM, Resident #17 stated the food at the facility was inedible, and she had family bring her food from the outside to eat.</p> <p>7. On 9/3/24, Resident #26 was assessed to be cognitively intact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Orchard View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 Burrell Avenue Lewiston, ID 83501	
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)		
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>On 10/8/24 at 10:01 AM, Resident #26 stated the food served at the facility was terrible. Resident #26 stated she had a family member bring her alternatives to eat that were palatable.</p> <p>8. Review of Resident Council Meeting Minutes, from 04/25/24 to 09/26/24 documented the following resident concerns regarding food palatability:</p> <p>On 4/25/24, one resident stated, Vegetables were overcooked, one resident stated, Poor food quality, and one resident stated, We always get raw meat, especially on evenings and weekends.</p> <p>On 6/26/24, three residents stated, Meats were overcooked and tough.</p> <p>On 8/29/24, revealed one resident stated, Hamburgers were burnt, three residents stated, Meat was dry, and two residents stated, chicken was not cooked.</p> <p>On 10/9/24, the kitchen staff were observed plating meals. At 12:14 PM the food temperatures on a test tray were appropriately greater than 135 degrees Fahrenheit (F), the tray was placed in an enclosed cart with no heating element. The meal cart with the test tray was observed to arrive on the 300-hallway at 12:17 PM. Staff were observed to complete serving the residents meal trays at 12:30 PM in the main dining room. At this time, the foods and beverages on the test tray were sampled in the presence of the facility's Dietary Manager (DM). The green beans served on the test tray tasted bland and lacked seasoning. The DM tasted the green beans and confirmed they tasted bland and lacked seasoning.</p> <p>On 10/9/24 at 12:50 PM, [NAME] #2 stated they used standardized recipes for the menu items and specified for the green beans the recipe directed the use of olive oil and a salt-free seasoning blend. [NAME] #2 stated when she prepared the green beans she did not use olive oil and added a small amount of butter and did not use the salt-free seasoning blend because it was unavailable.</p> <p>On 10/9/24 at 12:52 PM, the DM confirmed the salt-free seasoning blend was not available. The DM stated he was instructed by the previous Administrator to pare down his food orders and was unable to purchase all of the ingredients required for the recipes to manage the budget.</p> <p>On 10/11/24 at 10:00 AM, the current Administrator stated the residents would be served food they liked and enjoyed and there should be no budgetary restrictions on purchasing ingredients necessary to serve the facility's menu as planned.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Orchard View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 Burrell Avenue Lewiston, ID 83501	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>06401</p> <p>Based on observation, interview, record review, and facility policy review, it was determined the facility failed to honor known food preferences for 2 of 2 residents (Resident's #10 and #25) reviewed for food choices. This failure created the potential to cause nutritional needs to go unmet for residents who consumed food prepared from the facility's kitchen. Findings include:</p> <p>The facility's policy titled, Food and Nutrition Services, revised 10/2017, documented each resident is provided with a nourishing, palatable, well-balanced diet to meet their daily nutritional and special dietary needs, taking into consideration the preferences of each resident and reasonable efforts will be made to accommodate resident choices and preferences.</p> <p>1. On 8/20/24 Resident #25 was assessed to be cognitively intact.</p> <p>On 10/7/24 at 3:40 PM, Resident #25 stated his food preferences were noted on his meal tray slip but the kitchen staff did not follow the slip when preparing his meals, so his preferences were not honored.</p> <p>On 10/9/24 at 8:20 AM, Resident #25 was observed in the main dining room waiting to be served his breakfast. Resident #25 stated pancakes were being served, and his meal tray slip noted his preference to be served peanut butter with his pancakes. Resident #25 stated the kitchen staff frequently forget to serve peanut butter with his pancakes.</p> <p>On 10/9/24 at 8:23 AM, Resident #25 was observed being served his breakfast. His meal tray slip documented, Please send peanut butter w/[with] waffles, french toast, and pancakes. Resident #25's meal tray was observed to have pancakes as planned, there was no peanut butter observed on his tray. Resident #25 stated, see, they forgot to put peanut butter on my tray again.</p> <p>On 10/9/24 at 8:40 AM, the Administrator confirmed Resident #25 did not have peanut butter served on his breakfast tray as his meal tray slip directs.</p> <p>On 10/9/24 at 8:50 AM, the DM stated Resident #25's meal tray slip was not followed and he should have been served peanut butter with his pancakes.</p> <p>2. On 7/7/24, Resident #10 was assessed to be cognitively intact.</p> <p>On 10/9/24 at 8:21 AM, Resident #10 was observed in the main dining room with his breakfast meal tray placed on the table in front of him. Resident #10's plate was observed to have 2 hard fried eggs on it. Resident #10's meal tray slip documented his preferences and included the statement, no eggs at breakfast. Resident #10 stated he informed the staff he did not want to be served eggs.</p> <p>On 10/9/24 at 8:50 AM, the DM stated Resident #10's preferences documented on his meal slip were not followed and he should not have been served eggs.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Orchard View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 Burrell Avenue Lewiston, ID 83501	
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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06401</p> <p>Based on observation, interview, record review, review of Resident Council Minutes, and facility policy review, it was determined the facility failed to offer and provide between-meal snacks to 4 of 4 residents (Residents' #5, #16, #20, and #25) reviewed for snacks and 3 additional residents (Residents' #29, #35, and #42) who participated in the Resident Council Interview. This failure had the potential to cause unmet nutritional needs for residents who resided in the facility. Findings include:</p> <p>The facility's policy titled, Food and Nutrition Services, revised 10/2017, documented nourishing snacks are available to the residents 24 hours a day and the resident may request snacks or snacks may be scheduled between meals to accommodate the resident's typical eating patterns.</p> <p>1. Resident #5 was admitted to the facility on [DATE] with multiple diagnoses including diabetes and chronic obstructive pulmonary disease (COPD). On 9/17/24 Resident #5 was assessed to be cognitively intact.</p> <p>On 10/8/24 at 4:35 PM, Resident #5 stated she was diabetic and staff did not offer her between-meal snacks, and snacks were not always available when she requested them. Resident #5 stated she kept snacks she purchased in her room and felt it was not right for her to buy snacks when the facility should be providing them.</p> <p>2. Resident #25 was admitted to the facility on [DATE] with multiple diagnoses including diabetes and chronic respiratory failure. On 8/20/24 was assessed to be cognitively intact.</p> <p>On 10/7/24 at 3:40 PM, Resident #25 stated the facility did not offer between-meal snacks and specified when he requested a snack, the staff would report there were no snacks available.</p> <p>3. Resident #16 was admitted to the facility on [DATE] with multiple diagnoses including COPD and chronic pain syndrome. On 9/5/24 Resident #16 was assessed to be moderately cognitively impaired.</p> <p>On 10/7/24 at 4:15 PM, Resident #16 stated the facility did not offer snacks between meals and specified when they asked for a snack the staff would state there were no snacks to provide.</p> <p>4. Resident #20 was admitted to the facility on [DATE] with multiple diagnoses including COPD and chronic kidney disease. On 10/1/24 Resident #20 was assessed to be cognitively intact.</p> <p>On 10/7/24 at 4:04 PM, Resident #20 stated between-meal snacks were not offered by staff or provided when requested. Resident #20 stated when he asked for a snack, staff would tell him no snacks were available.</p> <p>5. On 10/8/24 at 2:00 PM, during the Resident Council Interview, 5 of 11 residents (Residents #5, #20, #29, #35, #42) who expressed concerns that staff did not offer them between-meal snacks and did not always receive a snack when they requested one.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Orchard View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 Burrell Avenue Lewiston, ID 83501	
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)		
F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>The Resident Council Meeting Minutes, from 04/25/24 to 09/26/24 documented the following resident concerns regarding in between meal snacks:</p> <p>On 4/25/24, one resident stated, we never get snacks passed.</p> <p>On 6/26/24, five residents stated, We never get snacks anymore unless we ask and often [staff] never come back even when we do. Makes us feel like we are begging, and we should not have to do that at our age.</p> <p>On 7/25/24, five residents stated, We never get snacks, but we always see aides eating them.</p> <p>On 10/10/24 at 9:40 AM the resident refrigerator on the facility's Annex hallway was observed to have available snacks and included half sandwiches, puddings, and juices.</p> <p>On 10/10/24 at 11:10 AM the resident refrigerator on the facility's Main hallway was observed to have available snacks and included half sandwiches, puddings, and juices.</p> <p>On 10/10/24 at 10:00 AM, LPN #2 stated snacks were available during the day shift but not always available during the night shift. LPN #2 specified by 10:00 PM, all resident snacks were gone and because the kitchen was closed, there were not any snacks to give to the residents who ask for them.</p> <p>On 10/10/24 at 4:00 PM, the DM stated there should be a variety of snacks available to offer to residents between meals and the kitchen checks and replenishes the snacks multiple times during the day. The DM stated the kitchen staff restock snacks before the kitchen closes at 7:00 PM and does not know why the staff state there are no snacks available.</p> <p>On 10/11/24 at 10:00 AM, the Administrator stated he expected residents to be able to receive a snack when they requested a snack.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Orchard View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 Burrell Avenue Lewiston, ID 83501	
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06401</p> <p>Based on observation, interview, and facility policy review, it was determined the facility failed to label, date, and/or cover food stored in kitchen refrigeration units and dry storage areas. The facility also failed to discard food with expired use by dates and ensure a scoop was not stored in a container of brown sugar. This failure had the potential to create an environment for food-borne illnesses which could affect residents who consumed food prepared from the facility's kitchen. Findings include:</p> <p>The facility's policy titled, Food Receiving and Storage, dated ,d+[DATE], documented food would be received and stored in a manner that complies with safe food handling practices, dry foods that are stored in a bin will be removed from the original packaging, labeled and dated with the use by date, and all foods stored in the refrigerator or freezer will be covered, labeled, and dated with the use by date.</p> <p>The facility's undated policy titled, Use by Dates, documented all open food items in the refrigerator needed use by dates. The facility will label, date, and monitor refrigerated food so it is used by its use by date, frozen (where applicable), or discarded, and condiments should be opened and used for 6 months before they are discarded.</p> <p>1. On [DATE] from 2:00 PM to 2:50 PM, [NAME] #1 was present during the initial kitchen observation when the following concerns were identified:</p> <p>a. Observation of food stored in the kitchen's Cooks reach-in refrigerator revealed one opened and undated package of turkey slices, one opened and undated five pound package of mild cheddar cheese, one opened and undated package of parmigiana cheese, one opened and undated 138-ounce container of Dijon wine mustard, one opened and undated gallon container of honey mustard dressing, one opened and undated gallon container of pickle relish, three undated hard boiled eggs, five undated individual serving containers of cottage cheese, eight undated individual serving containers of ranch dressing, three undated packages of thawed hot dog buns, one undated package of thawed hoagie buns, two undated packages of thawed bread sticks, and one undated 20-ounce package of thawed wheat bread. Also, stored in this reach-in refrigerator was one opened 138-ounce container Dijon wine mustard with a handwritten date of ,d+[DATE] on its lid and a small food preparation pan which contained an unidentified food that was not labeled or dated.</p> <p>b. Observation of food stored in the kitchen's Aides reach-in refrigerator revealed two opened and undated 46-ounce containers of thickened lemon-flavored water, one opened and undated 46-ounce container of thickened apple juice, one undated dish of pureed peaches, and one opened and undated 16-ounce container of whipped topping.</p> <p>c. Observation of food stored in the kitchen's walk-in refrigerator revealed an opened 48-ounce box of Neufchatel cheese which had an expired use by date of [DATE], seven undated 12-ounce packages of thawed English muffins, 11 undated 20-ounce packages of thawed white bread, and seven undated packages of thawed hot dog buns.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Orchard View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 Burrell Avenue Lewiston, ID 83501	
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>d. Observation of food stored in the kitchen's dry storage room revealed one opened 10-pound package of dry spaghetti noodles which was not closed and was unprotected from contamination, one opened 25-pound bag of all-purpose flour (stored in its original bag) that was not closed and was unprotected from contamination, and one opened twenty-five-pound box of dry food thickener that was not closed and was unprotected from contamination.</p> <p>e. Observation of food stored in kitchen food preparation areas revealed one large unlabeled and undated container which contained brown sugar that had a scoop stored inside the container with the scoop's handle embedded in the brown sugar, and one opened six-pound container of rainbow sprinkles that was not closed and was unprotected from contamination.</p> <p>On [DATE] during the initial kitchen observation, [NAME] #1 confirmed all of the observed food storage concerns. [NAME] #1 stated the kitchen staff had been instructed to always label, date, and cover all opened and stored food and not to store scoops in dry food goods. [NAME] #1 stated the date of ,d+[DATE] written on the 138- ounce container of Dijon wine mustard stored in the Cooks reach-in refrigerator, indicated it was opened by staff on [DATE] and it should have been discarded after 6 months and needed to be discarded immediately.</p> <p>On [DATE] at 8:55 AM, the DM stated food should be labeled, dated, and covered when opened and stored. The DM explained if food packaging was opened and the food was not dated, or the food had an expired use by date, it should be discarded.</p> <p>On [DATE] at 11:25 AM, the DM stated staff should date bread products when thawed and bread products should be discarded if not used within seven days of this thaw date per the bread vendor's storage instructions.</p>		