NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Bridgeview Estates - RCF	RC-404	1828 Bridgeview Boulevard	208-736-3933
Administrator	City	Zip Code	Survey Date
Scott Morehouse	Twin Falls	83301	07/14/2022
Survey Team Leader	Survey Type		Response Due
Bollinger, Torrey	Health Care Licensure and Follow-Up		08/13/2022

Item #	Rule (16.03.22)	Description
1	.215.07. Notification to Adult Protection and Law Enforcement.	The administrator failed to report all allegations of abuse, neglect and exploitation, to Adult Protection. For example: Resident #1 reported being physically and verbally abused in April of 2022. An unsampled resident had money missing from their room on 2/22/22. The administrator confirmed he did not notify Adult Protection for either incident.
2	.300.01. Licensed Registered Nurse (RN).*	The facility's Registered Nurse (RN) did not perform the quarterly assessments for 5 of 5 sampled residents, who required them. The RN stated she was behind on doing these assessments and they did not get completed. ***Previously cited on 10/2/20***
3	.300.02. Licensed Nurse.	The facility nurse did not conduct assessments when residents experienced a change of condition in health status. For example: Resident #2 had an unwitnessed fall on 7/2/22 and Resident #6 had falls on 3/15/22 and 3/16/22. The facility RN and LPN both confirmed the assessments were not completed. ***Previously cited on 10/2/20 at 300.01 and on 7/26/18 at 305.03***
4	.305.06.b. Self-Administered Medication.	Resident #1 was not assessed every 90 days to assure they remained safe to self administer their medications. At the time of the survey it had been over two years (5/6/20) since the

		resident was assessed to safely administer their medications. A facility nurse confirmed an assessment for self administration for Resident #1 was not completed within the last 90 days.
5	.310.02.f. Discontinued and Expired Prescriptions.	The facility did not have a witness documented for all resident medication destruction. The facility's medication destruction log documented only one signature for medications destroyed for June and July 2022.
6	.310.04.e. Psychotropic or Behavior Modifying Medication.	Resident #3's six month psychotropic medication review for Duloxetine did not include behavioral updates and Resident #7 was taking Lorazepam that did not have a six month psychotropic medication review completed. The facility nurse confirmed Resident #3's psychotropic medication review did not include behavior updates and Resident #7's six month psychotropic medication review was not completed.
7	.319. COMPREHENSIVE ASSESSMENT REQUIREMENTS.	Residents #3 and #4 did not have demographics, nursing and maladaptive behaviors assessed prior to being admitted on 6/22/21 and 3/24/22. The facility nurse confirmed the assessments were not completed prior to admission.
8	.320.01. Use of NSA.	The NSAs for 7 of 7 sampled residents did not clearly identify the resident, describe services to be provided, the frequency of such services, and how such services were to be delivered. For example: eating, toileting, grooming, and night needs were not addressed in the NSAs for the seven sampled residents. ***Previously cited on 10/2/20 and 11/17/16***
9	.320.02. Key Elements of the NSA.	The NSAs for 7 of 7 sampled residents did not have all of the required components. For example: eating, toileting, grooming, and night needs were not addressed in the NSAs for the seven sampled residents.
10	.320.03. Signature, Date, and Approval of Agreement.	NSAs were not signed and dated by Residents #1, #4, #5, #6 and #7, their family or their legal guardians. The administrator and a facility nurse both confirmed the NSAs were not signed.
11	.320.08. Periodic Review.	Two of seven sampled resident's NSAs were not reviewed at least every 12 months. Resident #1's NSA was last reviewed on 3/3/21 and Resident #7's NSA was last reviewed on 1/20/21. A

		facility nurse stated they were behind on updating NSAs.
12	.330.14.b. As Worked Schedules*	The facility's as worked schedules did not include employee positions. ***Previously cited on 10/2/20***
13	.600.04.b. Sufficient Personnel.	Six of seven caregivers did not have current CPR or First Aid training certifications and three of the seven caregivers worked alone on multiple occasions. The facility business office manager confirmed the certifications had not been completed.
14	.625.01. Number of Hours of Training.	Two of seven staff, whose records were reviewed, did not have 16 hours of orientation training completed. The facility's business office manager confirmed the 16 hours of orientation had not been completed. ***Previously cited on 10/2/20***
15	.630.01. Dementia.	Four of seven staff, whose records were reviewed, did not have Alzheimer's and Dementia training. The facility provided services for residents with dementia. The facility administrator and the business office manager stated the trainings had not been completed.
16	.630.03. Developmental Disability.	Zero of seven staff, whose records were reviewed, did not have developmental disability training. The facility provided services for residents with developmental disabilities. The administrator and the business office manager stated the training had not been completed.
17	.645.02. Delegation.	Seven of seven staff, who passed medications, were not delegated by the current facility nurse. The administrator and the facility nurse confirmed the delegations had not been completed. ***Previously cited on 10/2/20 and on 11/17/16 at 300.01***