NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Brookdale Lewiston	RC-595	2975 Juniper Drive	208-746-8676
Administrator	City	Zip Code	Survey Date
Hope Brackett	Lewiston	83501	01/13/2023
Survey Team Leader	Survey Type		Response Due
Walker, Jenny	Health Care Licensure and Follow-Up + complaint investigation		02/12/2023

Item #	Rule (16.03.22)	Description
1	.215.08. Procedures for Investigations.	The facility administrator did not complete investigations for incidents or accidents. For example, Resident #8 experienced falls on 8/10/22, 9/6/22, 9/12/22, 9/16/22, 10/10/22, and 12/6/22 and Resident #1 experienced falls on 9/19/22 and 9/22/22. The facility nurse stated he did not complete the investigations. ***Previously cited 3/15/2019***
2	.260.06. Toxic Chemicals.	The facility was not maintained in a clean, safe, and orderly manner. For example: Carpets in rooms 113 and 133 were stained with urine and fecal matter, multiple resident rooms had odors with garbage cans full of trash and soiled briefs, and multiple rooms had soiled and dirty laundry in their rooms (114, 127, 129, 130, 132, and 138). Multiple residents rooms and bathrooms on the first floor were in need of cleaning, which included toilets, floors, and furniture.
3	.300.01. Licensed Registered Nurse (RN).	The facility's Registered Nurse (RN) did not perform the quarterly assessments for 10 of 10 sampled residents, who required them. The RN stated he was behind on doing these assessments and they were not completed.
4	.305.02.c. Current Medication Orders and Treatment Orders.	The facility did not have current, signed orders in three of ten sampled residents' records. For example, Resident #3 did not have any medication orders in their record, Resident #4's order

		for Norco was not in their record, and Resident #7's order for a Fentanyl patch was not in their record. The facility nurse stated the orders were not in the residents records.
5	.305.06. Self-Administered Medication.	The facility nurse did not assess resident #10 to self administer their medications and did not assess Resident #7 to self administer prescription creams. The facility nurse stated he did not complete the assessments for self administering these medications.
6	.310.01.c. Medication Distribution.	The facility's medication refrigerator temperatures were not monitored and documented daily. There were no logs for November or December 2022. The log for January 2023 was not consistently documented. The facility administrator stated the temperatures were not consistently documented.
7	.310.02. Discontinued and Expired Prescriptions.	The facility had an accumulation of unused, discontinued, or expired medications for more than 30 days. A large open cardboard box was observed to be full of multiple blister packed medications, insulin pens, epinephrine pens, and medication bottles in the medication room. The administrator and facility nurse stated they had not destroyed the medications.
8	.310.04.e. Psychotropic or Behavior Modifying Medication.	Psychotropic medication reviews were not completed. For example, Resident #2 was taking Latuda, venlafaxine, and trazodone, Resident #4 was taking duloxetine, trazodone, and buspirone, and Resident #9 was taking Lexapro for longer than six months. These residents did not have six month psychotropic medication reviews completed. The facility nurse stated he had not completed the reviews.
9	.320.01. Use of NSA.	Residents' Negotiated Service Agreements (NSA) did not clearly reflect the residents' needs nor describe the services to be provided. For example: Resident #4's NSA documented they had oxygen, however oxygen had been discontinued. Resident #7's NSA was not updated to reflect their change in condition and change to hospice services. Resident #6 had behaviors and received thickened liquids and the resident's NSA documented

		they did not have behaviors and were to receive thin liquids. The NSAs for 10 of 10 sampled residents did not include night needs or emergency evacuation. The facility nurse stated he had not updated the NSAs.
10	.330.04.c.vii. Resident Care Records.	The facility nurse stated he had assessed residents, but these assessments had not been consistently documented. For example, Resident #8 experienced falls on 9/6/22, 9/12/22, 9/16/22, 10/10/22, and 12/6/22, Resident #1 experienced falls on 9/19/22 and 9/22/22, and Resident #4 experienced a fall on 12/30/22. The facility nurse stated he had assessed these residents for these falls but had not documented the assessments.
11	.330.13.f. Personnel Records.	Nine of nine staff members, whose records were reviewed, did not contain evidence of current CPR or first aid certifications. All nine staff confirmed they had completed the CPR and first aid training. The Administrator stated staff members had completed the training but the certifications were not in their personnel records.
12	.330.14. As Worked Schedules.	The facility's as-worked schedule did not document the dates and times the activity director, business office coordinator sales and marketing, maintenance, and housekeeping were at the facility, nor the exact times of all other care staff. The administrator confirmed the as-worked schedules were not completed.
13	.460.02.d. Frequency of Meals.	The facility did not offer snacks between meals. Between 1/10/23 and 1/12/23, snacks were not offered to residents in the morning or afternoon. Multiple residents stated snacks were not offered between meals. The administrator stated snacks were not offered to residents.
14	.645.02. Delegation.	Six of six staff, who passed medications, were not delegated by the facility nurse. The facility nurse stated he had not delegated the staff.