NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Ashley Manor - Iowa	RC-767	2604 Iowa Avenue	208-459-2948
Administrator	City	Zip Code	Survey Date
Marilyn Mills	Caldwell	83605	02/16/2023
Survey Team Leader	Survey Type		Response Due
Bollinger, Torrey	Health Care Licensure and Follow-Up		03/18/2023

Item #	Rule (16.03.22)	Description
1	.009.01. Criminal History and Background Check.	One of five staff members, whose personnel records were reviewed, did not have a completed Department Criminal History and Background Check. The administrator designee stated the Department Criminal History and Background check had not been completed.
2	.009.02.b. Scope of a Criminal History and Background Check.	Two of five staff members, whose personnel records were reviewed and required one, did not have a completed Idaho State Police background check. The administrator designee stated the Idaho State Police background checks were not completed.
3	.215.01. Administrator Responsibility.	The facility's abuse/neglect and exploitation policy did not contain all required components. For example: a description of how family, outside services, and others will be educated on how to identify abuse, neglect, and exploitation; a description of how family, outside services, and others will be educated on how to report abuse, neglect, and exploitation; directions for visitors to immediately contact the administrator or designee in the event abuse, neglect, or exploitation are witnessed or reported to them; and did not include the phone number for law enforcement. IDAPA rule policy checklist provided. The facility was provided technical assistance to update their

		abuse, neglect, and exploitation policy on 9/2/21.
4	.250.14. Call System.	The facility only had two of six residents' call lights in place and functioning. Multiple staff members stated there was not a call system in place for all of the residents. Staff members stated residents were checked every 5-10 minutes and due to the facility being so small, they could hear residents call out for assistance if needed. The administrator designee stated all the residents did not have a functional call light in place.
5	.305.03. Change in Resident Health Status.	Residents were not consistently assessed after they experienced a change of condition. For example: Resident #1 had two episodes of diarrhea on 9/13/22 and 9/17/22 and had a fall on 1/27/23. Resident #2 had a fall and needed emergency room assessment on 12/2/22. Resident #3 was not assessed on 11/7/22 when they had a swollen leg and were in pain and had to be evaluated at the emergency room. The facility nurse stated the change of condition assessments were not completed.
6	.310.04.e. Psychotropic or Behavior Modifying Medication.	The facility did not complete six month psychotropic medication reviews for one of two sampled residents who were taking psychotropic medications for longer than six months. For example: Resident #1 was taking risperidone, sertraline and trazodone. The facility nurse stated he did not complete six month psychotropic medication reviews for Resident #1. ***Previously cited on 8/31/17 and 9/2/21***
7	.320.03. Signature, Date, and Approval of Agreement.	NSAs were not signed and dated by Residents #1, #2 and #3's family members or legal guardians. The administrator designee stated the NSAs were not signed by the family members or legal guardians.
8	.330.13. Personnel Records.	Five of five staff members, whose personnel records were reviewed, did not have all available documentation required for each staff at the facility when requested, including background checks, CPR and first aid certifications, orientation training, nor evidence of completion of medication assistance courses. The administrator designee stated she had to call

		other facilities and track down personnel information.
9	.645.01.a. Training Requirements.	Two of five medication technicians, whose files were reviewed, did not have evidence of medication assistance certification. The administrator designee stated the medication technicians did not have these certifications.
10	.645.02. Delegation.	Three of five staff members, who passed medications, were not delegated by the current facility nurse. The facility nurse stated not all medication technicians had been delegated by him.