NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Ashley Manor Hawthorne DBA Chubbuck Senior Living LLC	RC-753	4826 Hawthorne Road	208-637-1200
Administrator	City	Zip Code	Survey Date
Ashley Powell	Chubbuck	83202	03/29/2023
Survey Team Leader	Survey Type		Response Due
Rideout, Megan	Health Care Licensure and Follow-Up		04/28/2023

Item #	Rule (16.03.22)	Description
1	.100.04. License Responsibility	Samantha Faulkner, who was on record as the facility's current administrator, had a license that expired according to The Division of Occupational and Professional Licenses. Samantha stated she was working on the renewal of her expired license.
2	.215.08.f. Notification to Licensing Agency within One Business Day.	The facility did not notify Licensing and Certification (L&C) within one business day when Resident #2 required outside treatment six times between October 2022 and March 2023, and when Resident #3 required outside treatment five times between November 2022 and March 2023. The administrator stated she was unaware she needed to report to L&C the incidents that resulted in a need for an outside treatment or evaluation.
3	.330.04.c.vii. Resident Care Records.	Resident #1 sustained falls on 11/1/22, 12/2/22, 12/9/22, 12/19/22, and did not have change of condition assessments documented. Resident #3 sustained falls on 1/31/22, 2/9/22, 3/18/22, 9/4/22, 10/11/22, 11/14/22, 11/15/22, 11/18/22, and did not have change of condition assessments documented. The facility nurse confirmed the assessments were completed, but not consistently documented.
4	.330.04.c.xi. Resident Care Records.	The administrator stated she had completed investigations

		into residents' incidents and accidents, but she had not consistently documented these investigations nor the interventions she had put in place to prevent reoccurrence of these incidents. For example, Resident #3 had 11 incidents between September 2022 and March 2023 requiring investigations and interventions. Of these 11 incidents, 10 incident reports did not have documentation of interventions to prevent reoccurrence. Resident #1 had 13 incidents between November 2022 and March 2023. Of those 13 incidents, 10 reports did not have documentation of interventions to prevent reoccurrence and 4 of the incidents did not have documentation of completed investigations.
6	.260.06. Housekeeping Services and Equipment.	The facility was not maintained in a clean, safe and orderly manner. For example: The concrete in the secured courtyard walkway was observed to have large cracks and sections that were uneven, the white fence in the secured courtyard was observed to be warped, and cables were observed to be exposed. The shower room had cracked tiles by the shower and mold around the toilet. The kitchen floor was observed to have cracked tiles. The carpet outside rooms #8 and #9 were frayed, broken window blinds, the window sills in the common area were observed to have dead bugs and the ceiling fan was also observed to be dirty. ***Previously Cited 5/15/2019***