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
Katherine Aleman	Twin Falls	83301	09/13/2023
Survey Team Leader	Survey Type		Response Due
Bollinger, Torrey	Health Care Licensure and Follow-Up		10/13/2023

Item #	Rule (16.03.22)	Description
1	.215.08.d. Written Response to Complaint within Thirty Days.	The administrator did not provide a written response to Resident #1 when they complained about housekeeping and medication issues on 4/3/23, nor when an unsampled resident complained about inadequate cleaning and missed linen changes on 6/5/23. The administrator stated she was unaware that a written response needed to be provided to the complainant.
2	.300.01. Licensed Registered Nurse (RN).*	The facility's Registered Nurse (RN) did not perform the quarterly assessments for 4 of 4 sampled residents. The administrator stated they have not been able get the facility RN to visit the facility and that the assessments were not completed. ***Previously cited on 7/14/22***
3	.305.02.c. Current Medication Orders and Treatment Orders.	A copy of the actual written, signed, and dated orders were not present in 4 of 4 sampled residents' care records. The administrator stated the facility was working on obtaining the current orders from the pharmacy.
4	.305.03. Change in Resident Health Status.	The facility did not conduct assessments when residents experienced a change of condition or health status. For example: Resident #4 had a fall on 4/8/23 which required hospitalization and had a blood-soaked incontinent pad on 4/22/23 and Resident #1 had a fall on 6/24/23. The current

		facility LPN started employment after these dates and the previous LPN was unavailable for interview. The administrator was unsure if the assessments were completed.
5	.310.04.e. Psychotropic or Behavior Modifying Medication.	The following residents were taking psychotropic medications for longer than six months and did not have six-month psychotropic medication reviews completed as follows: Resident #1 was taking buspirone and sertraline, Resident #3 was taking escitalopram and trazadone and Resident #4 was taking paroxetine and lorazepam. The administrator stated the facility was behind on getting the six month psychotropic medication reviews completed. ***Previously cited on 7/14/22***
6	.319. COMPREHENSIVE ASSESSMENT REQUIREMENTS.	Resident #1 did not have demographics, personal assistance, nursing nor maladaptive behaviors assessed prior to being admitted on 1/6/23. The administrator stated the assessments were not completed prior to admission. ***Previously cited on 7/14/22***
7	.320.01. Use of NSA.	Residents' NSAs did not clearly reflect the residents' needs nor describe the services to be provided. For example: Resident #4's NSA did not indicate that blood in their urine was the norm for the resident nor what indications required reporting to nursing for assessment. Resident #2's NSA did not address their stated preferences for their food to be cut up to accommodate their swallowing concern. The administrator stated the facility was behind on updating residents' NSAs. ***Previously cited on 7/14/22***
8	.320.02. Key Elements of the NSA.	The NSAs for 4 of 4 sampled residents did not have all the required components. For example: eating, toileting, night needs, and behaviors were not addressed in the NSAs for the four sampled residents. The administrator stated the facility was behind on updating residents' NSAs. ***Previously cited on 7/14/22***
9	.320.03. Signature, Date, and Approval of Agreement.	NSAs were not signed and dated by Resident #3 and #4, their family nor their legal representatives. The administrator stated

		the NSAs were not signed nor dated. ***Previously cited on 7/14/22***
10	.320.08. Periodic Review.	Two of four sampled sampled resident's NSAs were not reviewed at least every 12 months. Resident #3 NSA was last reviewed on 1/22/21 and Resident #4's NSA was last reviewed on 5/10/22. The administrator stated the facility was behind on updating residents' NSAs. ***Previously cited on 7/14/22***
11	.330.13.e. Personnel Records.	Five of five staff member files reviewed did not contain documentation of 16 hours of orientation training, nor for all required specialized training. The facility LPN stated the training had been completed but not documented.
12	.335. REQUIREMENTS FOR INFECTION CONTROL.	During two separate medication passes, two different medication technicians were not observed to use hand hygiene before, during or after each medication pass.