PLAN OF CORRECTION

Grace Assisted Living
1610 Sunnyridge Road
Nampa ID 83686

Provider ID: RC-812

On 02/22/2024, a Health Care Licensure and Follow-Up survey was conducted by Department staff at Grace Assisted Living. As a result of the survey, core issue deficiencies were cited with the following plan of correction.

Rule Violation .215.03. Lapse of Administrator.

Describe what corrective actions will be accomplished for those residents/personnel/area found to have been affected by the deficient practice.

Administrator Amy Anderson has been educated in the process of fully renewing her admin license yearly.

Describe how the provider will identify other residents/personnel/areas having the potential by the same deficient practice and what corrective action(s) will be taken.

When Amy Anderson became aware of her license being expired, she went online that same day 02/22/2024 and completed the process for renewal. Occupational Licensing stated it would take a couple days.

Describe how the corrective action will be monitored to ensure the deficient practice does not recur (QA program).

Grace payroll/HR department will be monitoring Administrator licensure status from our corporate office to avoid reoccurrence.

Date when corrective action will be completed.

February 22, 2024

Program Comments

NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Grace Assisted Living	RC-812	1610 Sunnyridge Road	208-442-9595
Administrator	City	Zip Code	Survey Date
Cody Bennett	Nampa	83686	02/22/2024
Survey Team Leader	Survey Type		Response Due
	Health Care Licensure and Follow-Up		03/23/2024

Item #	Rule (16.03.22)	Description
1	.215. REQUIREMENTS FOR A FACILITY ADMINISTRATOR.	The facility operated without a licensed administrator from 8/18/23 to the time of survey on 2/22/24. For 188 days there was no licensed administrator at the facility. The administrator stated she was unaware their license had expired.

CORE ISSUES

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Item #	Rule (16.03.22)	Description
2	.215.03. Lapse of Administrator.	Based on record review and interviews, it was determined the facility failed to retain a licensed administrator for the day-to-day operations of the facility for a period greater than 30 days. The findings include: IDAPA 16.03.22.010.20.e defines a core issue as the following: "A situation in which the facility has operated for more than thirty (30) days without a licensed administrator overseeing the day-to-day operations of the facility." IDAPA 16.03.22.100.04 documents, "Each facility must have an administrator." IDAPA 16.03.22.215 documents, “Under Section 39-3321, Idaho Code, each facility must have one (1) licensed administrator assigned as the person responsible for the day-to-day operation of the facility.” IDAPA 16.03.22.215.03 documents, “If the facility operates for more than thirty (30) days without a licensed administrator, it will result in a core issue deficiency.”

		According to the Facility Licensing and Certification database (FLARES), Amy Anderson, RCA-2634 has been the facility's administrator since 8/2/22. According to The Division of Professional and Occupational Licenses website, Amy Anderson's Residential Assisted Living Facilities Administer licensed expired on 8/17/23. On 2/24/24 at 3:00 PM, Amy Anderson stated she was unaware that her license had expired. The facility operated without a licensed administrator from 8/18/23 to 2/22/24. For 188 days there was no licensed administrator at the facility responsible to oversee the day-to-day operations. This resulted in a core deficiency.