NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Turtle and Crane Assisted Living	RC-1304	1950 1st Street	208-715-5500
Administrator	City	Zip Code	Survey Date
Tiffany Andra	Idaho Falls	83401	04/11/2024
Survey Team Leader	Survey Type		Response Due
Oldfield, Michael	Health Care Initial Licensure + complaint investigation		05/11/2024

Item #	Rule (16.03.22)	Description
1	.305.03. Change in Resident Health Status.	The facility nurse did not consistently conduct nursing assessments when a resident experienced changes in physical or mental health status. For example, Resident #6 had a fall on 1/2/24 and received a skin tear, choked on food on 1/9/24 and staff had to performed the heimlich maneuver, and on 1/19/24 after Resident #6 returned to the facility from dental surgery. The nurse stated she had not completed the change of condition assessments for Resident #6.
2	.305.02.b. Quarterly Nursing Assessments.	The facility nurse did not ensure residents received medications and treatments as ordered by their provider. For example, Resident #6 was ordered on 4/1/24 to have thier medications crushed and was observed on 4/9/24 to receive their medication whole in yogurt. The nurse stated she was not aware of the crush order on 4/1/24 and the order had not been implemented.