PLAN OF CORRECTION

Cottages Senior Living I LLC dba The Cottages of Mountain Home
735 South 5th West
Mountain Home ID 83647

Provider ID: RC-1184

On 05/02/2024, a Health Care Licensure and Follow-Up survey was conducted by Department staff at Cottages Senior Living I LLC dba The Cottages of Mountain Home. 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 has gone in and ensured that the address for IDOPL was updated to reflect the accurate address in order to receive remind renewal. Administrator has also been educated that the building license and administrator license are 2 different items and understands that each must be obtained differently. A reminder is also set in the administrators and assistants' calendar as additional reminder renewal.

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.

N/A

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

Aside of all the measures from answer 1, the cottages operation manager will also be ensuring that administrators license is current and updated in the proper time required.

Date when corrective action will be completed.

May 13, 2024

Program Comments

Administrator license RCA-2575 was renewed and is current until 6/23/24 and administrator is aware she will need to update her license again in June 2024. A copy of the current license was uploaded in FLARES. Administrator was present for day to day operations overseeing the facility when her license was expired. Plan of Correction is approved as of 5/13/24.MO

NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Cottages Senior Living I LLC dba The Cottages of Mountain Home	RC-1184	735 South 5th West	208-580-1121
Administrator	City	Zip Code	Survey Date
Nancy Flores	Mountain Home	83647	05/02/2024
Survey Team Leader	Survey Type		Response Due
Oldfield, Michael	Health Care Licensure and Follow-Up		06/01/2024

Item #	Rule (16.03.22)	Description
1	.215. REQUIREMENTS FOR A FACILITY ADMINISTRATOR.	According to the Division of Occupational Licenses the administrator's license expired on 6/24/23. The facility did not have a licensed administrator from 6/24/23 to present. The administrator stated she was unaware that her license had expired.
2	.330.06.a. Additional Resident Records.	The facility did not evaluate Resident #1's behaviors of destruction of property, verbal accusations towards staff, urinating in inappropriate places such as the trash cans or on the floor, and coming out of their room without wearing clothes. According to a caregiver's note, dated 4/19/24, Resident #1 pushed their call light for assistance, upon the caregiver's arrival into Resident #1's room, they put on a movie where a woman was being thrown into the air naked and Resident #1 made an inappropriate comment about the nude person in the movie. The administrator confirmed the facility had not completed evaluations for Resident #1's maladaptive behaviors.
3	.330.06.b. Additional Resident Records.	The facility did not develop a behavior plan that included specific interventions for Resident #1, see examples in non-core punch 330.06.a. The administrator confirmed the facility

		had not developed specific interventions for Resident #1's behaviors.

CORE ISSUES

Facility	License #	Physical Address	Phone Number
Cottages Senior Living I LLC dba The Cottages of Mountain Home	RC-1184	735 South 5th West	208-580-1121
Administrator	City	Zip Code	Survey Date
Nancy Flores	Mountain Home	83647	05/02/2024
Survey Team Leader	Survey Type		Response Due
Oldfield, Michael	Health Care Licensure and Follow-Up		05/12/2024

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), Maria Nancy Godinez-Flores, RCA-2575 has been the facility's administrator since 04/07/2022. According to The Division of Professional and Occupational Licenses website, Maria Nancy Godinez-Flores, Residential Assisted Living Facilities Administer licensed expired on 6/24/23. On 4/30/24 at 2:30 PM, Maria Nancy Godinez-Flores stated she was unaware that her license had expired. The facility operated without a licensed administrator from 6/25/23 to present. For 312 days there was no licensed administrator at the facility responsible to oversee the day-to-day operations. This resulted in a core deficiency.