NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Golden Angel Residential Assisted Living, LLC	RC-1269	2321 N Kenmere Drive	2084406545
Administrator	City	Zip Code	Survey Date
Duke Nyarecha	Meridian	83646	05/31/2024
Survey Team Leader	Survey Type		Response Due
Ramirez, Mina	Health Care Licensure and Follow-Up		06/30/2024

Item #	Rule (16.03.22)	Description
1	.009.01. Criminal History and Background Check.	Three of five employees, whose personnel records were reviewed, did not have a Department Criminal History and Background Check. Upon interview with the administrator, it was confirmed the Department Criminal History and Background Checks were not completed.
2	.215.08.b. Investigation within Thirty Days.	The administrator did not conduct an investigation within 30 days when Resident #1 fell on 12/4/23, when Resident #2 fell on 12/20/23, nor when Resident #3 had an incident of suicidal ideation on 4/15/24.
3	.215.08.f. Notification to Licensing Agency within One Business Day.	The facility did not notify Licensing and Certification within one business day when Resident #1 fell on 12/4/23 and required assessment at the hospital, nor when an unsampled resident fell on 1/4/24 and required assessment at the hospital.
4	.305.02.c. Current Medication Orders and Treatment Orders.	The facility did not ensure the actual, written, signed and dated orders were present in each residents' care record. For example: Resident #2's medication orders were not present in their care record, and Resident #3's current medication orders were not obtained until 5/31/24 and were not available in their care records at the start of survey. The administrator stated he was unaware the signed medication orders were not

		in their care records.
5	.305.03. Change in Resident Health Status.	The facility nurse did not conduct change of condition assessments after Resident #1 fell on 12/4/23, Resident #2 fell on 12/20/23, and Resident #3 had an incident of suicidal ideation on 4/15/24. The facility nurse was not available for interview.
6	.310.01.c. Medication Distribution.	The facility's medication refrigerator temperatures were not monitored and documented daily. The temperatures were sporadically documented 12 days in March 2024 with the temperature being out of range for 3 days with no corrective action taken. In April 2024, the temperatures were documented 6 days, and in May 2024 the temperatures were documented 7 days. The administrator stated he was unaware they were not being documented daily.
7	.310.04.e. Psychotropic or Behavior Modifying Medication.	Resident #1 was taking olanzapine and lorazepam and did not have a six-month psychotropic medication review completed. The administrator stated he was unaware it was not completed.
8	.330.04.b. Behavior Documentation.	Multiple components of resident care records were not available to staff at the time of survey, including Negotiated Service Agreements (NSA) and nursing assessments. One staff working at the time of survey stated they had not been trained in the electronic record system and was not able to access Negotiated Service Agreements (NSA). The administrator stated the facility was transitioning from paper to electronic records, and was not able to access complete resident records to provide to surveyors.
9	.330.09. Water Supply.	The facility did not maintain an up-to-date admission and discharge register. Two of eight current residents were not recorded in the register.
10	.330.13.e. Personnel Records.	Three of five staff member files reviewed did not contain documentation of infection control training. Two of five staff members files reviewed did not contain documentation of mental illness and dementia specialized training, and the

		facility retained residents with these diagnoses.
11	.330.13.f. Personnel Records.	Two of five staff member files reviewed did not contain documentation of first aid certification. One of five staff member files reviewed did not contain documentation of CPR certification.