NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Royal Plaza of Olympus Retirement	RC-1265	2870 Juniper Drive	208-746-2800
Administrator	City	Zip Code	Survey Date
David Weeks, CEO	Lewiston	83501	09/12/2024
Survey Team Leader	Survey Type		Response Due
Walker, Jenny	Health Care Licensure and Follow-Up		10/12/2024

Item #	Rule (16.03.22)	Description
1	.215.08.e. Corrective Action.	The facility did not ensure effective corrective action was put into place to prevent incidents' recurrence for Resident #4, #5, #6, and #9. For example, Resident #4 fell on 7/30/24 and 8/7/24, and there was no corrective action implemented after these falls. Resident #9 fell on 8/6/24 and 8/9/24, and there was no corrective action implemented after these falls. Resident #5 fell on 9/6/24, and there was no corrective action implemented after this fall. The administrator confirmed he had not implemented new interventions after each incident to prevent recurrence. ***Previously cited 10/2/23***
2	.300.01. Licensed Registered Nurse (RN).	The facility Registered Nurse (RN) did not perform initial and/or quarterly assessments for 9 of 10 sampled residents. For example: The initial assessments for Residents #1, #6, #7, #8, and #10 were not completed. The quarterly assessments for Residents #3, #4, #5, #7, #8, #9, and #10 were not completed every 90 days. The facility Licensed Practical Nurse (LPN) confirmed these assessments were not completed.***Previously cited 5/26/23***
3	.305.03. Change in Resident Health Status.	Residents were not assessed by a facility nurse after they experienced a change in physical, mental, or psychological

		condition. For example, Resident #9 fell on 8/9/24, 8/6/24, 8/23/24, and 7/4/24; Resident #8 had knee surgery August 2024; and when Resident #6 fell on 8/14/24. The facility's LPN stated she did not assess the residents after they experienced these changes of conditions.
4	.305.06. Self-Administered Medication.	Residents #7, #8, and #9 were not assessed every 90 days to ensure residents were safe to self-administer their medications. The facility LPN stated they had not completed assessments every 90 days to ensure they were safe to self-administer medications.
5	.310.04.e. Psychotropic or Behavior Modifying Medication.	Resident #3 was taking lorazepam for longer than six months and Resident #9 was taking duloxetine and triazolam for longer than six months. Neither resident had six month psychotropic medication reviews completed. The facility LPN stated they were not completed. ***Previously cited on 5/26/23***
6	.319. COMPREHENSIVE ASSESSMENT REQUIREMENTS.	The facility did not complete comprehensive assessments prior to admission to the facility for Residents #2, #6, #7, #8, and #10. The facility administrator stated the prior assessments were not completed.
7	.320. NEGOTIATED SERVICE AGREEMENT (NSA) REQUIREMENTS.	The facility did not develop interim care plans for Residents #2, #6, #7, #8, #9, and #10 to direct staff on cares when they were first admitted to the facility. The facility administrator stated the interim care plans were not completed.
8	.320.01. Use of NSA.	Residents' Negotiated Service Agreements (NSAs) did not consistently, clearly reflect the residents' needs nor describe the specific services to be provided for all residents. For example, 10 of 10 sampled residents' NSAs did not describe housekeeping, money management, and night needs. The regional resource nurse stated those needs were not included in their electronic records system used to create resident NSAs, therefore they were not included for any residents.
9	.330.14. As Worked Schedules.	The facility's as-worked schedules did not document the exact times the administrator or the administrator in training were at the facility nor did not document the dates and times the

		facility RN was at the facility. The administrator confirmed the as-worked schedules were not being documented.
10	.450. REQUIREMENTS FOR FOOD AND NUTRITIONAL CARE SERVICES.	The facility did not have a Certified Food Protection Manager at the time of survey. The administrator stated their dietary manager was in the process of getting their certification, and no current staff were certified.