# NON-CORE ISSUES

| Facility | License # | Physical Address | Phone Number |
|---|---|---|---|
| Maple Wood Assisted Living | RC-1085 | 10547 North Reed Road | 208-691-9664 |
| Administrator | City | Zip Code | Survey Date |
| Paula Morgan | Hayden | 83835 | 11/07/2024 |
| Survey Team Leader | Survey Type | | Response Due |
| Perry, Bradley | Health Care Licensure and Follow-Up + complaint investigation | | 12/07/2024 |

| Item # | Rule (16.03.22) | Description |
|---|---|---|
| 1 | .009.03.b. Availability to Work. | One of seven staff members, whose personnel records were reviewed, provided supervision and cares for residents on shifts in October 2024 and November 2024 without having a completed criminal history background. The administrator confirmed the background check was still pending at the time of survey, and the employee worked alone with residents without line-of-sight supervision. |
| 2 | .009.06.c. Use of Previous Criminal History and Background Check. | Three of three employees, whose files were reviewed and required an Idaho State Police background check, did not have the check completed prior to working alone with residents. The administrator confirmed the Idaho State Police background check results were not completed and the employees had been working alone with residents. |
| 3 | .300.01. Licensed Registered Nurse (RN). | The quarterly assessments were not completed by the facility Registered Nurse (RN) every 90 days for Residents #1, #2, #3, #4, #5, #6, and #7. The facility Licensed Practical Nurse (LPN) stated she gathered the information for the facility RN and the facility RN reviewed the documentation. The facility RN stated she reviewed the quarterly assessments which were completed by the LPN and the RN signed off that they were completed, however she did not physically assess the |

| | | |
|---|---|---|
| | | residents. |
| 4 | .310.01.a. Medication Distribution. | On multiple occasions during survey from 11/5/24 to 11/7/24, medications were observed unsecured in an unlocked refrigerator in the dining room of house #2. The administrator stated the medications should be kept locked at all times. |
| 5 | .310.01.c. Medication Distribution. | The facility did not maintain the temperatures of the medication refrigerator in house #2, which contained insulin, between 38 and 45 degrees F. The medication refrigerator in house #2 was observed to be 32 degrees on 11/6/24 and 11/7/24. The medication temperature log documented the temperatures were out of range 20 times in July 2024 and six times in August 2024. The administrator adjusted the temperature on 11/6/24, and continued to run at 32 degrees on 11/7/24. The administrator adjusted the temperature again and stated she will monitor it to ensure the temperature was between 38 and 45 degrees F. |
| 6 | .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 the facility did not have a current Food Protection Manager. |
| 7 | .600.02. Detached Buildings or Units. | The facility did not ensure all buildings were staffed sufficiently to ensure one staff member was in each building at all times. For example, the as-worked schedules between 10/21/24 and 10/23/24, on 10/28/24, and on 10/29/24, documented a medication technician was in house #2 and a caregiver was in house #1 with no other staff in the houses. Staff members stated buildings were left unattended for short periods of time when they "switched" between buildings, particularly when one building did not have a medication technician and had to leave one building to pass medication in another building. The facility administrator stated she was aware staff had been switching because there was not always a medication technician for each building on the night shift. |
| 8 | .600.04.b. Sufficient Personnel. | Two of seven staff members, who worked alone, did not have evidence of a First Aid certification. The administrator stated |

| | | |
|---|---|---|
| | | they were not completed. |