PLAN OF CORRECTION

Meadowlark Assisted Living
709 West North 2nd St
Grangeville ID 83530

Provider ID: RC-1291

On 01/09/2025, a Health Care Licensure and Follow-Up survey was conducted by Department staff at Meadowlark Assisted Living. 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.

I have applied for my Administrator License. It is Pending and I have made Payment. I will upload the receipt for payment. I will upload the license once I receive or receive notification.

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.

I will be diligent in retaining my license as required.

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

Being more diligent in renewing my Administrator License on my Birthday each year.

Date when corrective action will be completed.

January 20, 2025

Program Comments

As of 1/24/25 your license still shows it has lapsed 9/7/23. When it has been updated in IDOPL we need a copy of your license.

On 3/3/2025 updated license was received and approved for corrective action that was completed.

NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Meadowlark Assisted Living	RC-1291	709 West North 2nd St	208-983-3793
Administrator	City	Zip Code	Survey Date
Molly VanDomelen	Grangeville	83530	01/09/2025
Survey Team Leader	Survey Type		Response Due
Oldfield, Michael	Health Care Licensure and Follow-Up		02/08/2025

Item #	Rule (16.03.22)	Description
1	.009.01. Criminal History and Background Check.	Four 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. REQUIREMENTS FOR A FACILITY ADMINISTRATOR.	The facility operated without a licensed administrator from 9/7/23 to the time of survey on 1/8/25. The current administrator's license expired on 9/7/23. For 489 days there was no licensed administrator at the facility. The administrator stated she was unaware their license had expired.
3	.330.04.c.vii. Resident Care Records.	The facility nurse stated she had assessed residents for changes in their physical and mental conditions, but these assessments had not been consistently documented for two of three sampled residents. For example, Resident #2 had pain under their tongue on 9/7/24, signs and symptoms of a UTI on 12/31/24, and pain and lumps in their throat on 12/10/24. Resident #3 had a bruise under their left eye on 11/9/24, and open sores to their buttocks from 11/9/24 to 12/17/24 with no documented assessment. The facility's RN stated she had assessed the residents for these issues, but had not documented her assessments.

4	.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 previous cook who worked up until three months ago had the certification, but no current staff were certified. The facility has 90 days to submit EOR through FLARES.
5	.630. TRAINING REQUIREMENTS FOR FACILITIES ADMITTING RESIDENTS WITH A DIAGNOSIS OF DEMENTIA, MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR TRAUMATIC BRAIN INJURY.	Five of five staff, whose records were reviewed, did not have specialized training for residents with dementia and traumatic brain injury. The facility retained residents that had these diagnoses. The administrator confirmed the training had not been completed.

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Survey Team Leader	Survey Type		Response Due
Oldfield, Michael	Health Care Licensure and Follow-Up		01/19/2025

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), Molly VanDomelen, RCA-2266 has been the facility's administrator since 05/18/2023. According to The Division of Professional and Occupational Licenses website, Molly VanDomelen's Residential Assisted Living Facilities Administer license expired on 9/7/23. On 1/9/25 at 9:30 AM, Molly VanDomelen stated she was unaware that her license had expired. The facility operated without a licensed administrator from 9/7/23 to present. For 489 days there was no licensed administrator at the facility responsible to oversee the day-today operations. This resulted in a core deficiency.