NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Generations Memory Care at Rathdrum	RC-1147	13400 North Meyer Road	208-687-0495
Administrator	City	Zip Code	Survey Date
Carianne Dolan	Rathdrum	83858	01/31/2025
Survey Team Leader	Survey Type		Response Due
Lu, Melvin	Health Care Licensure and Follow-Up		03/02/2025

Item #	Rule (16.03.22)	Description
1	.009.01. Criminal History and Background Check.	One of eight employees, whose personnel records were reviewed, did not have a completed Department Criminal History and Background Check. Upon interview with the administrator, it was confirmed the employee worked alone prior to establishing a cleared background check. ***Previously cited 12/13/17, 6/19/18, and 3/15/23***
2	.250.13. Secure Environment.	The facility did not maintain a secured interior environment for residents who had cognitive impairments and required one. For example, an exit door through the panty area in House #3 leading to an unsecured exterior and leading directly to a street had a deadbolt lock only. Also, windows in resident rooms leading out to the same area in Houses #2 and #3 were not secured and were able to be opened completely, which posed a risk for residents to elope. The facility was provided technical assistance on the requirements going to a secured facility on 3/15/23.
3	.305.02.b. Quarterly Nursing Assessments.	The facility's nurse did not ensure residents received their medications and treatments as ordered. For example, Resident #6 did not receive their spironolactone for edema 8 days in January 2024, their atorvastatin for hyperlipidemia was

		unavailable at the time of survey due to an ordering issue, nor their docusate in December 2024. Resident #3 did not have their risperidone or baclofen available from 1/8/25 to 1/27/25. The facility nurse stated she was unaware these medications were unavailable.***Previously cited on 3/15/23***
4	.305.03. Change in Resident Health Status.	Residents were not consistently assessed after they experienced a change of condition. For example, Resident #3, who had been receiving wound care by hospice two times a week since 11/2024 did not have documented skin assessments by the facility nurse since 11/3/24. The facility nurse stated hospice was providing wound care and she had not completed skin assessments beyond the 90-day assessments. Resident #7 had multiple changes including changes in medications for behaviors, an incident between another resident, and an emergency room visit for behavior management. Resident #8 had redness to their buttocks on 8/13/24, was admitted to home health for physical therapy on 9/13/24 and admitted to hospice on 10/10/24 in addition to changes in medications. the facility RN stated she only performed 90-day assessments and had not seen the residents between those times for changes. The facility nurse stated hospice was providing wound care and she had not completed skin assessments beyond the 90-day assessments. ***Previously cited 3/15/23***
5	.310.01.c. Medication Distribution.	The facility's medication refrigerator temperatures were not monitored and documented daily. For example, the refrigerator temperatures were not logged for five days in the month of January 2025 in House #1 and eight times in House #2. The temperatures were not maintained between 38 degrees F. and 45 degrees F in both Houses #1 and #2 and were as low as 34 degrees F.***Previously cited 3/15/23***
6	.310.04.e. Psychotropic or Behavior Modifying Medication.	Resident #2 was taking sertraline and olanzapine and did not have six month psychotropic medication review completed.

		Resident's #1, #3, #4, #6, #7, and #8 had six month psychotropic medication reviews however they did not contain quantitative data. The facility nurse and administrator were unaware that behavioral updates were required. ***Previously cited 3/15/23***
7	.320. NEGOTIATED SERVICE AGREEMENT (NSA) REQUIREMENTS.	Negotiated Service Agreements (NSAs) were not updated to accurately reflect residents 'current needs. For example: Residents #4 was admitted to hospice on 1/16/25 and the NSA and was not updated to include hospice services and their diet order changed to puree. Resident #6's NSA did not include instructions on how to transfer the resident who was an extensive wheelchair bound resident, nor did the NSA include how to toilet, dress, or bath the resident who required extensive assistance. Resident #5's NSA did not include the resident's puree diet instructions nor did it describe how to care for the residents specific night needs or mobility assistance. The facility nurse stated they are in the process of updating the NSAs.
8	.330.04. Behavior Documentation.	The facility's "shift reports" documented multiple resident names and information on one page, making it impossible to include each residents' information in their record. For example, the "shift reports" documented Resident #6 had an "open wound on their bottom and needed to be rolled" on 12/28/24. On 1/14/25 and 1/15/25 "shift reports" documented Resident #5 had a fever and was vomiting. The facility nurse stated she reviewed the "shift reports" and used these as "internal documents" which were kept in a separate binder. ***Previously cited on 3/15/23***
9	.330.06.a. Additional Resident Records.	The facility did not perform assessment for maladaptive behaviors for Resident #2 exhibited increased aggression to care staff and other residents, #5 exhibited restlessness and occasional resistance to cares, Resident #7 exhibited behaviors of aggression, combativeness, resistance to care and refusing medications.

10	.330.06.b. Additional Resident Records.	The facility did not have behavior plans, which included at least one intervention specific to each maladaptive behavior for Residents #2, #5 and #7 for behaviors as described in deficiency 330.06.a.
11	.330.06.c. Behavior Documentation.	The facility did not have documentation of tracking maladaptive behaviors for Residents #2, #5, and #7, who exhibited behaviors as described in deficiency 330.06.a.
12	.450. REQUIREMENTS FOR FOOD AND NUTRITIONAL CARE SERVICES.	The facility did not meet the standards for the Idaho Food Code. Kitchen inspection failed 1/28/25. Reinspected 1/30/25, passed.
13	.630.02. Mental Illness.	Three of eight staff did not receive mental illness training within 30 days of hire. The facility retained residents with mental illness diagnosis. ***Previously cited 3/15/23***