NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Autumn Wind Assisted Living	RC-1321	200 West Beech Street	208-459-3335
Administrator	City	Zip Code	Survey Date
Caleb Christensen	Caldwell	83605	03/06/2025
Survey Team Leader	Survey Type		Response Due
Oldfield, Michael	Health Care Initial Licensure		04/05/2025

Item #	Rule (16.03.22)	Description
1	.009.01. Criminal History and Background Check.	One of nine 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 Check was not completed.
2	.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 #7 fell on 1/1/25 and required an assessment and treatment at the hospital. When Resident #8 fell on 11/25/24 and required assessment and treatment at the hospital. And when Resident #4 required a bedside x-ray on 2/21/25 after a fall resulting in a possible hip fracture. The administrator stated he was unaware of the requirement for outside agency assessments needed to be reported.