PLAN OF CORRECTION

Indianhead Estates Residential Care
590 W Indianhead Road
Weiser ID 83672

Provider ID: RC-1292

On 06/17/2025, a Health Care Core Deficiency Follow-Up survey was conducted by Department staff at Indianhead Estates Residential Care. 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.

Current RCD, Sophia Favela, has taken the administrative licensing courses and is waiting on results from background check to process. We can then get a provisional license until the administrator licensing exam can be taken. Our regional director Heather Luther will submit her Idaho administrator licensing starting July 1st as she is already overseeing another facility at this time.

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.

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

Heather Luther the regional director of Kindcare will oversee there is no lapse of licensed administrator at Indianhead Estates.

Date when corrective action will be completed.

July 01, 2025

Program Comments

NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Indianhead Estates Residential Care	RC-1292	590 W Indianhead Road	208-549-3455
Administrator	City	Zip Code	Survey Date
	Weiser	83672	06/17/2025
Survey Team Leader	Survey Type		Response Due
McClenathan, Teresa	Health Care Core Deficiency Follow-Up		07/17/2025

Item #	Rule (16.03.22)	Description
1	.009.06.c. Use of Previous Criminal History and Background Check.	One of one employee, whose file was reviewed and required an Idaho State Police background check, did not have the check completed prior to working alone with residents. The unlicensed administrator confirmed the check was not completed. ***Previously cited on 8/3/23 and 12/12/24***
2	.215. REQUIREMENTS FOR A FACILITY ADMINISTRATOR.	The facility operated without a licensed administrator from 3/9/25 through 6/17/25. For 80 days, there was not a licensed administrator overseeing the day-to-day operations at the facility. The former administrator's license expired on 3/9/25. The unlicensed administrator and the regional administrator confirmed the facility had not had a licensed administrator since 3/9/25. ***Previously cited on 12/12/24***
3	.310.01.f. Medication Distribution.	During the course of survey, multiple residents stated they were not observed taking their medications. A medication technician stated they did not watch all residents taking their medications, and that some residents did not want to be observed taking them. One resident was heard asking a medication technician if they had to be observed taking their

		medication only at certain times of the day. During a medication pass observation, the medication technician was heard telling residents they had to observe them taking their medication because a state surveyor was watching them. The facility nurse stated he was unaware residents were not observed taking their medication. ***Previously cited on 12/12/24***
4	.630. TRAINING REQUIREMENTS FOR FACILITIES ADMITTING RESIDENTS WITH A DIAGNOSIS OF DEMENTIA, MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR TRAUMATIC BRAIN INJURY.	Seven of seven staff, whose records were reviewed, did not have specialized training for residents with mental illness. The facility retained residents diagnosed with a mental illness. The unlicensed administrator confirmed the training had not been completed. ***Previously cited on 12/12/24***

CORE ISSUES

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Indianhead Estates Residential Care	RC-1292	590 W Indianhead Road	208-549-3455
Administrator	City	Zip Code	Survey Date
	Weiser	83672	06/17/2025
Survey Team Leader	Survey Type		Response Due
McClenathan, Teresa	Health Care Core Deficiency Follow-Up		06/27/2025

Item #	Rule (16.03.22)	Description
2	.215.03. Lapse of Administrator.	Based on record review and interview, 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." The facility's 2/1/22, "Administrator" policy documented facility will have a "licensed administrator assigned as the person responsible for the day-to-day operation of the facility." According to FLARES, Megan Hughes was the facility's licensed administrator as of 12/2/25. According to DOPL, Megan Hughes was issued a Provisional Residential Assisted Living Administrator license, which expired on 3/9/25. Between 6/16/25 and 6/17/25, multiple employees, residents and family members, stated Sophia Favela was the acting facility administrator. On 6/16/25, Sophia Favela stated she had worked at the facility since 5/27/25 and was in training to be the as the facility administrator. She stated she had taken the administrator course, however had not obtained a Residential Assisted Living Facility Administrator license. On 6/16/25 at 11:00 AM, the regional administrator stated there had not been a licensed administrator in the facility since 3/9/25. FLARES documented the facility's plan of correction for the

		previous core for lapse of administrator, cited on 12/12/24, was submitted on 1/15/25, and the facility alleged compliance on 3/9/25. The facility operated without a licensed administrator from 3/9/25 to 6/17/25. For 80 days there was no licensed administrator to oversee the day-to-day operations of the facility. This resulted in a core deficiency.