NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Lodge at Bristol Heights #1, The	RC-1259	2220 E Prairie Ave	208 457 3403
Administrator	City	Zip Code	Survey Date
Kari Hakala	Coeur d'Alene	83815	06/26/2025
Survey Team Leader	Survey Type		Response Due
Walker, Jenny	Health Care Complaint Investigation		07/26/2025

Item #	Rule (16.03.22)	Description
1	.215.02. Availability of Administrator.	The facility did not have a licensed administrator from 12/31/24 to 1/29/25 for a total of 28 days. According to multiple staff members interviewed the former administrator was not available on-site or by phone to ensure safe and adequate care of the residents were met, including ordering basic necessary supplies and medical supplies. The former administrator stated she only provided her contact information to her management personnel because she's also the Director of administration for the corporation and she would always get called.
2	.215.09. Administrator's Designee.	The former administrator did not authorize in writing a designee to act in their absence. The former administrator notified Licensing & Certification she was "away from the facility" 2/7/25 to 2/12/25 and 2/19/25 to 2/24/25, 3/7/25 to 3/10/25, and 3/19/25 to 3/25/25. Multiple staff stated they did not know who was the designee in the facility during those absences. The former administrator stated she did not authorize in writing a designee to act in her absence.
3	.310.02. Discontinued and Expired Prescriptions.	The facility had an accumulation of unused, discontinued or expired medications for more than 30 days. A large cardboard box was full of discontinued medications that had not been

		destroyed for more than 30 days. For example: three boxes of an unsampled resident's "supplement iron medications was discontinued on 3/6/25. The medication destruction log had 4 pages documented without a date, method, or two signatures of discontinued or expired medications. On 5/13/25 and 5/15/25, multiple resident medications were documented without method of destruction or two signatures. On 5/27/25, multiple resident medications were documented without method of destruction and only one signature. On 5/28/25, 6/3/25, and 6/18/25, multiple resident medications were documented destroyed with only one signature. The facility nurse stated she did not sign as the witness to destroy medications and the medication destruction log was not completed.
4	.410. REQUIREMENTS FOR EMERGENCY ACTIONS AND FIRE DRILLS.	The facility did not conduct fire drills on a bimonthly basis. For example: the fire safety fire drill log documented the facility had a fire drill on 10/22/24 and 4/18/25. The former and current administrator stated they were not completed bimonthly.
5	.430.06. Basic Supplies.	The facility did not provide basic necessary supplies and medical supplies for residents basic services. For example: multiple staff interviews stated the facility ran out of paper towels, laundry detergent, cleaning supplies, toilet paper, alcohol swabs, and blood glucose supplies (lancets, test strips, and pentip needles for insulin pens). Multiple staff stated they notified the former administrator of the shortages of supplies. Multiple staff stated they would buy laundry detergent and other supplies for the residents and themselves. Multiple medication technicians stated residents that required blood glucose supplies, including test strips, lancets, and pentip needles, did not have the adequate supplies for each individual resident. The administrator stated the facility did not have the basic necessary supplies or medical supplies.