NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Homestead Assisted Living Centers Inc - St. Anthony	RC-979	610 North Bridge Street	208-624-1088
Administrator	City	Zip Code	Survey Date
James Romney	Saint Anthony	83445	07/24/2025
Survey Team Leader	Survey Type		Response Due
Ramirez, Mina	Health Care Licensure and Follow-Up		08/23/2025

Item #	Rule (16.03.22)	Description
1	.320. NEGOTIATED SERVICE AGREEMENT (NSA) REQUIREMENTS.	The facility did not develop a sufficient interim care plan for a resident nor update a care plan when needs changed for a resident. For example, Resident #5's oxygen (O2) concentrator was observed at three liters. Resident #5's interim care plan did not document they used oxygen, had a pain pump, nor had an Arteriovenous (AV) shunt. Staff who were interviewed were inconsistent in their knowledge of Resident #5's O2 liter flow, and the use of the AV shunt and pain pump. Resident #3's Negotiated Service Agreement (NSA) did not document they self-administered their own supplements. The facility's nurse acknowledged the importance of having these issues identified on Resident #5's interim care plan.
2	.330.15. Fire and Life Safety Records.	The facility could not provide documentation of the 5-year sensitivity fire alarm system inspection. The facility had documentation of the last inspection dated 4/29/19. The administrator could not locate the documentation of the most recent inspection.