NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Cottages Senior Living I LLC dba The Cottages of Mountain Home	RC-1184	735 South 5th West	208-580-1121
Administrator	City	Zip Code	Survey Date
Nancy Flores	Mountain Home	83647	09/04/2025
Survey Team Leader	Survey Type		Response Due
Walker, Jenny	Health Care Licensure and Follow-Up		10/04/2025

Item #	Rule (16.03.22)	Description
1	.155.01. Relocation Agreements.	The facility did not have a current written/signed agreement for transfer or relocation of residents in the event of an emergency where evacuation would be required. The administrator stated the facility did not have a current relocation agreement.
2	.260.07. Toxic Chemicals.	Toxic chemicals including Germicidal Ultra Bleach and Enzymatic Luster Cream cleaner were observed to be stored under the hand washing sink in the kitchen was not locked and was accessible to cognitively impaired residents. The cabinet was unlocked at all times during the survey between 9/2/25 and 9/3/25. The assistant administrator stated the toxic chemicals should be locked at all times.
3	.305.02.b. Quarterly Nursing Assessments.	The facility did not ensure residents received medications and treatments as ordered by their provider. For example, Resident #1 had an order for Voltaren topical gel four times a day for pain and Triminocole cream two times a day for skin irritation, dated 5/29/25 and they were not transcribed on the Medication Administration Records (MARs). Resident #3 had an order for Januvia one tablet daily for diabetes and the medication was not available from 8/29/25 to 9/3/25. The

		assistant administrator stated Resident #1's family member did not want them to receive those creams and did not receive an order to discontinue them. The assistant administrator stated she was unaware Resident #3 was not receiving their medication.
4	.310.01.g. Medication Distribution System.	Resident #1's PRN acetaminophen 500 mg was not available on the medication cart. Resident #3's PRN acetaminophen 325 mg was not available on the medication cart. The assistant administrator stated all medications, including PRNs should be available at all times for residents.
5	.310.02.f. Discontinued and Expired Prescriptions.	The facility's medication destruction log, dated 5/28/25, did not document medications were destroyed by two people nor a witness. The administrator stated the medication destruction of medications were not signed or witnessed by two people.
6	.320.01. Use of NSA.	Residents' Negotiated Service Agreements (NSAs) did not clearly reflect the residents' needs, nor describe the services that were to be provided. For example: Resident #2's NSA documented they used a cane and did not include they were using a four wheeled walker, and they were independent with emergency evacuation. Resident #3 was readmitted to the facility on 7/21/25, their NSA documented they were independent with toileting, transfering, dressing, and showering and since returning from the hospital they required one person assistance with all of their Activities of Daily Living (ADLs). The administrator stated the NSAs needed to be updated to reflect Resident #2 and Resident #3's current status.
7	.320.03. Signature, Date, and Approval of Agreement.	Negotiated Service Agreements (NSAs) were not signed and dated by Residents #1, #2, and #3, nor their legal guardians. The administrator confirmed she did obtain the required signatures.
8	.330.09. Water Supply.	The facility did not maintain an up-to-date admission and discharge register. At the time of the survey the facility had 15 residents and the admission and discharge register

		documented the facility housed 25 residents, then a second time documented they had 16 residents. The administrator stated the admission and discharge register needed updated.
9	.330.14. As Worked Schedules.	The facility's as-worked schedule did not include last names for all staff nor the times for the float position for day shift and evening shift. The as-worked schedule did not document the exact times the administrator worked at the facility. The assistant administrator stated they were not completed.
10	.330.15.c. Fire and Life Safety Records.	Based on record review and observation of fire extinguisher monthly tags; facility failed to document the monthly visual inspection of all four portable fire extinguishers in the facility. The administrator stated they were not completed on a monthly basis.
11	.410. REQUIREMENTS FOR EMERGENCY ACTIONS AND FIRE DRILLS.	Facility failed to conduct fire drills in accordance with the rule. Documentation was available for 4 fire drills conducted with one being on the night shift, between August 2024 and August 2025, not meeting the requirement of at least 6 per year on a bi-monthly basis with 2 being conducted during the night during normal sleeping hours. The administrator confirmed the two fire drills had not been completed. ***Previously cited on 1/3/22.***