NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Brookdale Lewiston	RC-595	2975 Juniper Drive	208-746-8676
Administrator	City	Zip Code	Survey Date
Hope Brackett	Lewiston	83501	10/24/2025
Survey Team Leader	Survey Type		Response Due
Perry, Bradley	Health Care Licensure and Follow-Up		11/23/2025

Item #	Rule (16.03.22)	Description
1	.009.06.c. Use of Previous Criminal History and Background Check.	Three of seven employees, whose personnel records were reviewed and required an Idaho State Police background check, did not have an Idaho State Police background check completed. The administrator stated the previous business office coordinator had not been completing all of the background checks.
2	.161.04. Designated Smoking Areas.	The facility did not have designated smoking areas clearly marked. During observations on 10/21/25 and 10/22/25, the back patio was observed to be the smoking area and at least two residents were observed smoking. There was no smoking sign posted. The administrator stated the smoking area had been moved to the back patio and confirmed there was no sign posted.
3	.260.06. Toxic Chemicals.	The facility was not maintained in a clean, safe and orderly manner. For example: Room 203's bathroom sink was missing the plug stopper and had a constant water drip leak, Room 243's bathroom sink was clogged. Room 231's outside window was missing the screen. Rooms 203, 232, and 243 had several carpet stains and the same rooms had foul odors. Downstairs in the middle hallway had a strong urine smell that accumulated the smell down to the elevator. The middle 100

		hallway had multiple carpet stains and a white paint strip down the hallway, and worn carpets near the entrance of each of the residents rooms. The administrator stated they were in the process of hiring a full-time maintenance supervisor.
4	.305.02.b. Quarterly Nursing Assessments.	The facility failed to ensure residents' medications were available and given as ordered by their provider. For example, Resident #8 had an order for Morphine 0.25 milliliter (ml) every hour as needed (PRN) for pain and the Morphine in the medication cart instructed medication technicians to give 0.25 ml every two hours PRN. During medication pass, the medication technician was unable to locate scheduled medications for two unsampled residents who were not given their medications as ordered. The facility nurse stated staff were supposed to audit the medication carts to ensure all residents' medication are in the cart.***Previously cited on 1/8/25***
5	.305.06. Self-Administered Medication.	The facility nurse did not assess all residents prior to allowing them to self-administer their medications, nor were they assessed every 90 days to ensure the residents were still capable of doing so. For example, Resident #5 self-administered all of their over the counter medications and was never assessed to safely do so. Resident #1 was assessed on 9/7/25 to self-administer their eye drops, nasal sprays and Tylenol, but their previous assessment was on 10/12/24. Resident #7 self-administered all of their medications and was assessed to do so on 9/16/25, but had not been assessed prior to this date. The facility nurse stated they were behind on their self-administration of medication assessments. ***Previously cited on 1/13/23***
6	.310.01.c. Medication Distribution.	The facility's medication refrigerator was observed to contain insulin, and its temperatures were not monitored and documented daily. The facility had not documented daily temperatures six days in August 2025, six days in September 2025, and three days in October 2025. The facility nurse stated

		she did not know why they were not documented daily. ***Previously cited on 1/13/23***
7	.310.01.g. Medication Distribution System.	Four of eleven sampled residents did not have their PRN medications available in the facility. For example, Resident #8 did not have their PRN timolol maleate eye drops nor their Miralax powder available in the facility. Resident #6 did not have their Cepacol lozenges nor their PRN ibuprofen. The facility nurse stated the medications should have been available in the facility.
8	.310.02. Discontinued and Expired Prescriptions.	The facility did not keep a record of all drug disposals. For example: on 10/21/25 at 11:47 AM, the medication technician and the facility nurse were observed destroying one tablet of metocarbamol medication into the drug buster without documenting the resident's name, description of the drug and amount, reason of disposal, the method of disposal, the date of disposal, and signatures of responsible facility personnel and witness. The facility nurse stated all drug disposals needed to be documented.***Previously cited on 1/13/23.***
9	.310.04.e. Psychotropic or Behavior Modifying Medication.	Four of ten residents reviewed for psychotropic medication reviews did not have one completed. For example, Resident #8 was taking lorazepam and did not have six month psychotropic medication reviews completed. Resident #9 was taking escitalopram and did not have six month psychotropic medication reviews completed. The facility administrator stated the facility was behind on completing the reviews.***Previously cited on 1/13/23.***
10	.319. COMPREHENSIVE ASSESSMENT REQUIREMENTS.	Two residents did not have comprehensive assessments completed prior to being admitted to the facility. For example, Resident #2 did not have a comprehensive assessment completed prior to being admitted on 10/16/25 and Resident #5 did not have nursing needs assessed prior to being admitted on 5/4/25. The administrator stated the comprehensive assessments were not completed.
11	.330.04.a. Behavior Documentation.	The facility staff notes were not consistently dated or signed

		by the person writing them. For instance, multiple incident reports for Resident #1 and #8 were not signed or dated by the facility nurse. Resident #2 and #10's comprehensive assessments were not signed. The facility administrator confirmed the staff did not sign and date entries.
12	39-3308 Assessment (4)a Assessments	The facility nurse did not conduct quarterly nursing assessments at least once every 90 days for nine of ten residents sampled for assessments. Residents #1 and #3-#10, did not have 90 day assessments completed every 90 days. The administrator stated the facility was behind on assessments and the corporate nurse was helping out to get the assessments caught up.
13	39-3308 Assessment (4)b Assessments	The facility nurse did not implement all residents' orders. Resident #8's PRN Milk of Magnesia did not have a label and their PRN morphine dose frequency orders were different than what was on the October 2025 MAR. The facility nurse stated many of the orders were only reviewed by the Resident Care Coordinator prior to residents receiving medications.