NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Sage and Grace Assisted Living	RC-1337	2421 Vineyard Avenue	
Administrator	City	Zip Code	Survey Date
Tina Mielke	Lewiston	83501	02/27/2026
Survey Team Leader	Survey Type		Response Due
Bollinger, Torrey	Health Care Initial Licensure		03/29/2026

Item #	Rule (16.03.22)	Description
1	.161.04. Designated Smoking Areas.	The facility did not have designated smoking areas clearly marked. During observations from 2/23/26 to 2/27/26, the gazebo by the Cottage and Tudor buildings was observed to have combustible items in the non-combustibles disposal receptacle where multiple staff were observed smoking and there was no smoking sign posted. The maintenance supervisor confirmed there was no sign posted.
2	.310.01.g. Medication Distribution System.	The facility did not ensure all residents' PRN medications were available in the facility. For example, Resident #2 did not have their bisacodyl and fleet enema. Resident #6 did not have their Visine eye drops. The facility LPN confirmed the medications were not available and they would need to order them or request a discontinue order.
3	.310.02. Discontinued and Expired Prescriptions.	The facility medication destruction logs did not include all components required by rule. Paper records did not consistently have two signatures, and electronic records did not indicate method of destruction. A facility nurse stated they were unaware there were issues with the medication destruction logs.
4	.319. COMPREHENSIVE ASSESSMENT REQUIREMENTS.	Resident #3 did not have level of personal assistance requirements nor maladaptive behaviors assessed prior to

		being admitted on 1/23/26. Resident #7 did not have level of personal assistance requirements nor maladaptive behaviors assessed prior to being admitted on 2/6/26. Resident #10 did not have level of personal assistance requirements and a nursing assessment prior to being admitted on 2/10/26. The facility nurses were unaware these components were not completed.
5	.320.01. Use of NSA.	Residents' Negotiated Service Agreements (NSAs) did not clearly reflect the residents' needs nor describe the services to be provided. For example, Resident #8's did not include what services hospice was providing. Resident #3's did not document they used a walker and Resident #7's did not include they used a transport wheelchair when they felt weak, used a shower chair for showers, and when they were admitted to home health for wound care on 2/10/26 and discharged from home health on 2/17/26. The facility administrator stated the NSA's had not been updated. The facility nurse stated the NSAs needed to be updated.
6	.330.04. Behavior Documentation.	Residents' care records were not maintained for each resident with all entries kept current. For example, Resident #9 was a memory care resident that left the facility unsupervised on 1/2/26, and the investigation was not documented. The facility administrator stated they conducted the investigation but did not document it. Resident #4's 90-day assessment was completed on 9/17/25 and was not signed until 12/1/25. Resident #8's 90-day assessment was completed on 9/17/25 and was not signed until 1/26/26. A facility nurse stated they were aware of the lack of and delay in documentation.
7	.330.06.a. Additional Resident Records.	The facility did not evaluate residents' maladaptive behaviors. For example, Resident #1 exhibited yelling and hitting staff. Resident #3 exhibited grabbing, hitting and yelling at staff and going into other residents' rooms. The facility administrator stated the evaluations for these behaviors had not been completed. The facility nurse stated she was unaware that

		evaluations were not completed for these residents' maladaptive behaviors.
8	.405.04. Prohibited Applications.	The facility failed to inspect, service, and clean fuel-fired heating systems on an annual basis. The maintenance supervisor stated they had not been inspected.
9	.410. REQUIREMENTS FOR EMERGENCY ACTIONS AND FIRE DRILLS.	The facility failed to conduct fire drills in accordance with rule. The facility had documentation of only one fire drill conducted on 2/20/26, which also did not indicate time or result, since the change of ownership on 10/4/25. The maintenance supervisor confirmed the fire drills were not conducted in accordance with rule.