NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Hettinger Living Center	RC-238	217 Ruby Street	208-345-8017
Administrator	City	Zip Code	Survey Date
Susan Hill	Boise	83705	03/05/2026
Survey Team Leader	Survey Type		Response Due
Bollinger, Torrey	Health Care Licensure and Follow-Up		04/04/2026

Item #	Rule (16.03.22)	Description
1	.009.06.c. Use of Previous Criminal History and Background Check.	One of one employees, whose files were reviewed and required an Idaho State Police background check, did not have the check completed prior to working alone with residents. The administrator confirmed the Idaho State Police background check result was not completed.
2	.305.02.b. Quarterly Nursing Assessments.	The facility nurse did not ensure residents received medications and treatments as ordered by their provider. For example, Resident #2 received a physician's order for Meloxicam 15 mg daily for 14 days on 1/20/26. On Resident #2's 1/24/26 to 2/22/26, medication administration record (MAR), the Meloxicam was documented and started on 1/24/26, for only 12 days. Resident #2 did not receive two of the ordered doses of Meloxicam. Resident #2 received a physician's order for prednisone taper on 2/3/26 and tizanidine as needed for muscle spasms, and the 1/24/26 to 2/22/26 MAR documented they did not receive the correct doses per physician's orders for the prednisone and did not document the tizanidine as needed on the MAR. The facility nurse stated the facility did not follow physician's orders.
3	.305.03. Change in Resident Health Status.	The facility did not assess residents after they experienced a change in physical or mental health status. For example,

		Resident #3 eloped from the facility on 7/28/25, fell on 12/19/25 and slammed their finger in a door on 11/3/25, Resident #2 had a sore on their left foot on 11/12/25, fell on 1/14/26, received new orders for acute pain on 1/20/26 and 2/3/26, and when they had a fever of 101.7 on 2/28/26. The facility nurse stated she did not always assess residents after they experienced changes in physical or mental health status. *** Previously cited on 11/14/19 at 300.01 and on 3/16/23***
4	.310.01.f. Medication Distribution.	On 3/4/36 and 3/5/26, during medication pass observation, the medication technician was observed handing medication cups full of medications to Resident #2, Resident #3, and an unsampled resident, then walked away without observing the residents to ensure the medications were taken. The facility nurse stated the medications technicians should always observe the residents taking their medications.
5	.310.01.g. Medication Distribution System.	Resident #3 did not have their as-needed ibuprofen available to them and Resident #2 did not have their as-needed prazosin available to them. The facility nurse was not aware that some residents did not have their as-needed medications available to them.
6	.310.02. Discontinued and Expired Prescriptions.	The facility medication destruction logs did not include all components required by rule. Paper records did not have two signatures, the year was not included, and were using oatmeal as the method of destruction. The facility nurse stated oatmeal was not an appropriate method of destruction. The administrator was made aware of the required components by rule.
7	.319. COMPREHENSIVE ASSESSMENT REQUIREMENTS.	Resident #1 did not have a comprehensive assessment completed prior to being admitted on 7/8/24 and Resident #3 did not have a comprehensive assessment completed prior to being admitted on 6/1/25. The administrator stated the pre-admission comprehensive assessments were not completed.
8	.320. NEGOTIATED SERVICE AGREEMENT (NSA) REQUIREMENTS.	The facility did not develop an interim care plan for Resident #1 to direct staff on their care when they were admitted to the

		facility on 7/8/24 nor when Resident #3 was admitted to the facility on 6/1/25. The administrator stated the interim care plans were not implemented.
9	.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 #2 was receiving home health physical therapy services. The administrator stated Resident #2's NSA did not include home health physical therapy services.
10	.330.04.c.vi. Resident Care Records.	The facility did not notify the facility nurse when Resident #3 had scratches on their hand on 1/15/26 nor when they slammed their finger in a door on 11/3/25, and when Resident #2 had a sore on their left foot 11/12/25, fell on 1/14/26, received new orders for acute pain on 1/20/26 and 2/3/26 nor when they had a fever on 2/28/26. The facility nurse stated she was not notified of these incidents.
11	.330.06.a. Additional Resident Records.	The facility did not evaluate residents when they exhibited maladaptive behaviors. For example, Resident #3 exhibited behaviors of elopement and swearing/yelling at staff. The administrator stated Resident #3 was not evaluated for their maladaptive behaviors.
12	.330.06.b. Additional Resident Records.	The facility did not implement at least one intervention for each maladaptive behavior. For example, Resident #3 exhibited behaviors of elopement and swearing/yelling at staff. The administrator stated Resident #3 did not have interventions in place to address these maladaptive behaviors.
13	.403. FIRE AND LIFE SAFETY STANDARDS FOR EXISTING BUILDINGS LICENSED FOR THREE THROUGH SIXTEEN RESIDENTS.	The facility's last sensitivity test was on 1/12/21, this resulted in a gap of more than 5 years. The administrator confirmed the inspection had not been completed. ***Previously cited on 12/11/20***
14	.410. REQUIREMENTS FOR EMERGENCY ACTIONS AND FIRE DRILLS.	The facility failed to conduct fire drills in accordance with the rule. For example: the fire drills were completed on 1/27/25, 3/25/25, 5/26/25, 9/22/25, 11/24/25, and 1/23/26, not meeting the requirement of at at least 6 per year on a bi-

		monthly basis. The facility did not maintain records and contain a description, date, and time of the drill, response of the personnel and residents, problems encountered, and recommendations for improvement. The administrator stated they completed a fire drill in July 2025, but did not maintain a record at the facility.
15	.600.04.b. Sufficient Personnel.	One of ten staff members, who worked alone, did not have evidence of CPR or First Aid certification. The residential supervisor stated they were still trying to locate the staff's certification.
16	.625.03. Content for Training.	The facility did not ensure the required content for orientation training was completed for seven of ten employees, whose personnel files were reviewed. The residential supervisor confirmed the required content was not completed.
17	.625.03.k. Content for Training.	The facility did not ensure infection control training was completed for nine of ten employees, whose personnel files were reviewed. The residential supervisor confirmed the infection control training was not completed.
18	.630.03. Developmental Disability.	The facility did not ensure developmental disabilities training was completed for four of ten employees, whose personnel files were reviewed. The facility provided services to individuals who had diagnoses of developmental disabilities. The residential supervisor confirmed the infection control training was not completed.
19	39-3308 Assessment (4)b Assessments	The facility nurse did not review and implement new orders. For example, Resident #2's order for Meloxicam daily for 14 days, dated 1/20/26, was not implemented correctly. Resident #2's order for prednisone taper and tizanidine, dated 2/3/26, was not implemented correctly. The administrator stated she implemented the orders.
20	39-3321.2.e. Qualifications and Requirements of Administrator.	The administrator did not complete an investigation and written report within 30 days of each accident and incident. For example, Resident #3 fell on 12/19/25 and eloped from the facility on 7/28/25 and Resident #2 fell on 1/14/26 while at the

		day treatment center and when the physical therapist found a sore on the top of their left foot on 11/12/25. The administrator stated that investigations were not completed.
21	39-3321.5. Qualifications and Requirements of Administrator.	The facility did not report incidents and accidents which required outside treatment/assessment to licensing and certification within one business day. For example, Resident #3 fell and received stitches on 1/12/26 and eloped from the facility on 7/24/25 and 7/28/25. The administrator stated she did not report the incidents to licensing and certification.