NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Chardonnay Assisted Living	RC-1336	1045 Carriage Lane	208-736-4808
Administrator	City	Zip Code	Survey Date
Ashley Rodriguez	Twin Falls	83301	04/22/2026
Survey Team Leader	Survey Type		Response Due
Bollinger, Torrey	Health Care Initial Licensure		05/22/2026

Item #	Rule (16.03.22)	Description
1	.009.04. Submission of Fingerprints.	The facility did not submit one of seven employees' fingerprints within 21 days of hire. Upon interview with the administrator, it was confirmed the Department Criminal History and Background Check was not submitted within 21 days of hire.
2	.155.01. Relocation Agreements.	The facility did not have an updated written/signed agreements for transfer or relocation of residents in the event of an emergency where evacuation would be required. The last relocation agreements were completed prior to the change of ownership on 9/3/25. Each facility must have a written agreement developed between the facility and two (2) separate locations to which residents would be relocated in the event the building is evacuated and cannot be reoccupied. The house manager verified the facility did not have an updated relocation agreement.
3	.305.03. Change in Resident Health Status.	The facility did not assess residents when they experienced changes in mental and physical health status. For example, Resident #2 fell on 1/22/26, 1/24/26, 1/29/26, 2/11/26, and 2/15/26 and Resident #5 fell on 10/26/25. The facility nurse confirmed she did not complete the change of condition assessments.

4	.310.01.c. Medication Distribution.	The facility did not maintain the medication refrigerator temperatures between 38 and 45 degrees F. In house #1, temperatures were out of range 21 times in March 2026 and 4 times in February 2026. In house #2, temperatures were out of range 9 times in March 2026 and 12 times in February 2026. The facility nurse stated she was unaware the temperatures were out of range.
5	.310.04.a. Behavior Modifying Medication.	The facility did not attempt non-drug interventions prior to requesting medications for Residents #2 and #6. Resident #2 was taking quetiapine and ABHR (ativan, benadryl, haldol, and risperdal) to address maladaptive behaviors of yelling and cursing at staff and hitting and kicking staff. Resident #6 was taking haldol to address maladaptive behaviors that interfered with cares and required a one to one staff. The facility nurse confirmed that behavior plans were not in place prior to the use of psychotropic medications.
6	.310.04.e. Psychotropic or Behavior Modifying Medication.	Resident #2 was taking abilify, mirtazapine, and lorazepam and did not have a six month psychotropic medication review completed. The facility nurse stated it was not completed. Resident #5 was taking Seroquel and escitalopram and did not have a six month psychotropic medication review that included behavioral updates. The facility nurse stated she was unaware she had to include behavioral updates.
7	.320. NEGOTIATED SERVICE AGREEMENT (NSA) REQUIREMENTS.	The facility did not update the NSAs for Resident #2 and #5 when the change of ownership was 9/3/25. The administrator was made aware the NSAs required to be updated with the current change of ownership.
8	.330.06.a. Additional Resident Records.	The facility did not evaluate residents when they exhibited maladaptive behaviors. For example, Resident #2 exhibited maladaptive behaviors of yelling and cursing at staff and hitting and kicking staff and Resident #6 exhibited maladaptive behaviors that interfered with cares, such as lying on the floor, and required a one to one staff. The facility nurse confirmed the facility did not evaluate these residents for their behaviors.

9	.330.06.b. Additional Resident Records.	The facility did not implement interventions when residents exhibited maladaptive behaviors. For example, Resident #2 exhibited maladaptive behaviors of yelling and cursing at staff and hitting and kicking staff and Resident #6 exhibited maladaptive behaviors that interfered with cares, such as lying on the floor, and required a one to one staff. The facility nurse confirmed the facility did not implement interventions to address these maladaptive behaviors.
10	.410. REQUIREMENTS FOR EMERGENCY ACTIONS AND FIRE DRILLS.	The facility failed to conduct fire drills in accordance with the rule. Documentation was available for 2 fire drills being conducted between September 2025 and April 2026 for house #1 and #2, 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 house manager confirmed the fire drills had not been completed.
11	.451.01.c. MENU AND DIET PLANNING.	The facility's menu was not posted for residents to view in house #1 and house #2. The administrator stated they needed to post the menus where residents would not remove them.
12	39-3321.4. Qualifications and Requirements of Administrator.	The administrator did not immediately implement corrective action to ensure incidents and accidents did not recur. For example, Resident #1 had falls on 2/15/26, 2/23/26, and 3/1/26, Resident #3 had a fall on 1/15/26, and Resident #5 had a fall on 11/15/25. The administrator confirmed corrective action was not implemented.