NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Golden Angel Residential Assisted Living, LLC	RC-1269	2321 N Kenmere Drive	2084406545
Administrator	City	Zip Code	Survey Date
Duke Nyarecha	Meridian	83646	06/25/2026
Survey Team Leader	Survey Type		Response Due
Cerovski, Wendy	Health Care Licensure and Follow-Up		07/25/2026

Item #	Rule (16.03.22)	Description
1	.410. REQUIREMENTS FOR EMERGENCY ACTIONS AND FIRE DRILLS.	Facility failed to conduct fire drills in accordance with the rule. Documentation was available for 3 fire drills conducted, none done during resident sleeping hours, not meeting the requirement of at least 6 per year on a bi-monthy basis with 2 conducted during resident sleeping hours. The administrator confirmed the fire drills had not been completed.
2	.330.15. Fire and Life Safety Records.	The facility did not maintain records or documentation of fire alarm sensitivity testing. The facility administrator did not provide documentation of the required alarm sensitivity testing.
3	39-3308 Assessment (4)a Assessments	The facility nurse did not conduct quarterly nursing assessments at least once every 90 days. For example, Resident #1's most recent quarterly nursing assessment was completed on 3/13/26, and was due on 2/12/26. The 90 day nursing assessment due 5/12/26, was not completed. Resident #2's quarterly nursing assessment was due on 6/18/26 and was not completed. Resident #3's most recent assessment was completed late on 5/3/26, with the previous quarterly assessment completed 1/22/26. The facility nurse confirmed that some of the assessments were late.

4	.305.02.c. Current Medication Orders and Treatment Orders.	The facility did not maintain resident records to include current medication orders and treatment orders for Resident #1, #2 and #3. The facility nurse stated that the pharmacy keeps the signed physician orders and confirmed that the orders were not available or maintained as part of the resident records.
5	.310.01.g. Medication Distribution System.	Resident #1, and Resident #3 did not have their PRN medications available. For example, Resident #1 was prescribed loperamide, which was not available on the medication cart or in the facility. Resident #3 was prescribed benzonatate, Desitin, diclofenac Gel, and oxycodone, which were not available on the medication cart or in the facility. Both the medication technician and the facility nurse confirmed that the medications were unavailable.
10	.009.01. Criminal History and Background Check.	One of five employees, whose personnel records were reviewed, did not have a Department Criminal History and Background Check. Upon interview with the administrator, it was confirmed the Department Criminal History and Background Checks was not completed. ***Previously cited 5/31/24***
10	.310.04.e. Psychotropic or Behavior Modifying Medication.	Six-month psychotropic medication reviews were either not completed or were not signed by a physician for 2 of 3 residents. For example, Resident #1 was prescribed atomoxetine and citalopram, and a six-month psychotropic medication review was not completed. Resident #3 was prescribed Doxepin, gabapentin, hydroxyzine, lorazepam, olanzapine, quetiapine, and trazadone and a six-month medication review was not completed.
10	.330.13.e. Personnel Records.	Five of five staff member personnel records reviewed did not contain documentation of 16 hours of orientation, infection control, or specialized training for mental illness and traumatic brain injury, and that facility retained residents with these diagnoses. The facility nurse stated staff were trained, but the facility did not maintain documentation of the training.

		Previously cited 5/31/24
11	.645.01.a. Training Requirements.	Two of five staff members did not complete a medication assistance course offered by an Idaho community college. The facility nurse stated they were unaware the course had to be associated with an Idaho college.
12	.600.04.b. Sufficient Personnel.	Three of five staff members whose personnel records were reviewed did not have current First Aid and CPR certifications, and all worked alone for at least part of their shifts. The facility nurse stated they were unaware the staff did not have current certifications.
13	.335.02. Standard Precautions.	The facility did not have a working handwashing sink in the shower room, which was also the only staff bathroom in the facility. Staff confirmed they use that bathroom and are unable to wash their hands using the sink in the bathroom and that it has not been functional for at least a couple months. Medication technicians were also observed to not perform proper hand hygeine between medication passes.