NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Meadows Assisted Living Center	RC-1002	16 Airport Road	208-756-1043
Administrator	City	Zip Code	Survey Date
Michelle Bingham	Salmon	83467	08/19/2026
Survey Team Leader	Survey Type		Response Due
Walker, Jenny	Health Care Licensure and Follow-Up		09/18/2026

Item #	Rule (16.03.22)	Description
1	.330.12.a.ii. Fire and Life Safety Records.	The facility failed to obtain documentation when the 5 year sensitivity test was last completed. The administrator stated it was completed 1/5/23, but was unable to obtain the documentation.
2	.154.09.d	The facility's smoking area did not contain signage. On 8/18/26, the smoking area was observed and there was not a smoking sign which designated the smoking area. The administrator stated no current residents were smokers, however staff members vaped and there was an ashtray that had cigarette butts in it. The administrator stated she was unaware a sign was required.
3	.260.05. Housekeeping and Maintenance Services.	The facility failed to maintain the interior of the building to ensure cleanliness, safety, and orderly environment. For example, the front walkway outside entrying the facility had crumbled concrete and uneven surfaces to make it a trip hazard. In the back of the outside of the facility, the trim was chipped away and a broken window needed replaced. Under the eaves in the back were missing vent covers. The concrete where the smoking area was was crumbling causing an uneven surface. Room 11 had a hole in their wall behind their recliner. The administrator stated they were working on the repairs to

		improve the facility.
4	.330.03. Resident Care Records.	The facility's "Daily Log" care notes for Resident's #1, #2, and #3 did not include the time, name, and the title of the person making the entry. The administrator confirmed the daily log care notes were incomplete. ***Previously cited on 9/25/24 at 330.04.a***
5	.305.03. Change in Resident Health Status.	The facility nurse did not conduct nursing assessments when residents experienced changes in physical or mental health status. For example, wehen Resident #2 fell on 3/15/26 and 3/30/26. The administrator stated they were not completed.
6	.310.02.d. Discontinued and Expired Prescriptions.	The facility's medication destruction logs for 4/16/26 and 7/26/26, had only one signature by the facility RN. The medication logs did not include a witness signature for all drug disposals nor a witness signature for medications sent back to the pharmacy. The house manager stated the facility RN destroyed the medications in coffee grounds or sends the medications back to the pharmacy without a witness.
7	.330.10.f. Personnel Records.	One staff member who was hired, on 6/10/25,and had assisted residents with their medications, did not have the medication administration certification in their personnel file. The administrator confirmed they did not have the medication certification in their file.