

## NON-CORE ISSUES

| Facility                           | License #                           | Physical Address  | Phone Number |
|------------------------------------|-------------------------------------|-------------------|--------------|
| Autumn Haven Assisted Living, Inc. | RC-1256                             | 924 Christian Way | 208-436-3200 |
| Administrator                      | City                                | Zip Code          | Survey Date  |
| Angie Darrington                   | Rupert                              | 83350             | 06/03/2026   |
| Survey Team Leader                 | Survey Type                         |                   | Response Due |
| Walker, Jenny                      | Health Care Licensure and Follow-Up |                   | 07/03/2026   |

| Item # | Rule (16.03.22)                         | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11     | .330.06.a. Additional Resident Records. | The facility did not ensure the residents' maladaptive behaviors were assessed. For example: Resident #2's verbal aggression, which interfered with cares, was not assessed prior to being prescribed Seroquel. Resident #3 exhibited hallucinations, sadness, and anxiety, which interfered with cares, and were not assessed for maladaptive behaviors prior to being prescribed paroxetine, Haldol, and Seroquel. Resident #4 exhibited anxiety, which interfered with cares, and refusal of showers and were not assessed for maladaptive behaviors prior to being prescribed hydroxyzine. The house manager stated the residents were not assessed for maladaptive behaviors prior to being prescribed psychotropic medications. ***Previously 12/13/23*** |
| 11     | .330.06.b. Additional Resident Records. | The facility did not develop a behavior plan that included specific interventions for Resident #2, #3, and #4's behaviors, as outlined in the non-core punch 330.06.a. The house manager stated she did not develop a behavior plan with specific interventions for Residents' #2, #3, and #4's behaviors. ***Previously cited on 12/13/23***                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 12     | .320.01. Use of NSA.                    | Residents' Negotiated Service Agreements (NSAs) did not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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|----|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                                            | <p>clearly reflect the residents' needs nor describe the services to be provided. For example: Resident #1 and Resident #3's NSAs were not updated with services provided by outside agencies, specifically home health and/or hospice. Resident #1 was receiving physical therapy from an outside provider and these services were not included in their NSA. Resident #3 was receiving hospice care and these services were not included in their NSA. Resident #2's NSA did not include instructions for the staff to follow if their dressings to their leg wounds became soiled, dislodged, or signs or symptoms of infection. The House Manager stated Resident #1, #2, and #3's NSAs were not updated to reflect their current status.</p> |
| 13 | .319.03. Nursing Assessment.                               | <p>The facility nurse did not complete nursing assessments prior to admission for Resident #1, who was admitted on 5/16/26, Resident #2, who was admitted on 4/3/25, and Resident #4, who was admitted on 5/24/24. The facility nurse confirmed the assessments had not been conducted prior to admission.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 14 | .310.04.a. Behavior Modifying Medication.                  | <p>The facility did not attempt non-drug interventions prior to requesting medications to address maladaptive behaviors. For example: Resident #2 was prescribed Seroquel as a first resort to address behaviors. Resident #4 was prescribed hydroxyzine prior to having a behavior management plan to manage anxiety and refusal of showers. Resident #3 was prescribed Haldol and Seroquel as first resort to address behaviors. See non-core issue 330.06.a for specific maladaptive behaviors. The house manager stated they did not develop and implement behavior management plans for all residents including Residents #2, #3, and #4.</p>                                                                                                |
| 15 | .450. REQUIREMENTS FOR FOOD AND NUTRITIONAL CARE SERVICES. | <p>The facility's Certified Food Protection Manager's certificate expired on 1/29/26. The house manager stated she was in the process of renewing it.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |