

## NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
The Pointe at Meridian	RC-1325	3123 South Titanium Avenue	208-207-4090
Administrator	City	Zip Code	Survey Date
Karen Zanelli	Meridian	83642	05/14/2025
Survey Team Leader	Survey Type		Response Due
Rideout, Megan	health care initial licensure		06/13/2025

Item #	Rule (16.03.22)	Description
1	.009.01. Criminal History and Background Check.	Three of three employees, whose personnel records were reviewed, did not have a Department Criminal History and Background Check completed. Upon interview with the administrator, it was confirmed the Department Criminal History and Background Checks were not completed.
2	.009.06. Use of Previous Criminal History and Background Check.	Two of two employees, whose records were reviewed and required an Idaho State Police Background check, did not have one completed. The facility administrator stated the background checks had not been completed.
3	.215.08.e. Corrective Action.	The facility did not ensure effective corrective action was put into place to prevent recurrence for Residents #3, #5, and #6. For example, Resident #3 fell on 4/12/25 and required staples to their head, and Resident #5 received a skin tear to their left lower forearm on 2/25/25. The facility nurse stated she had not implemented corrective actions for these residents.
4	.216.02. Written Agreement.	Six of seven residents' admission agreements were not created and signed by all responsible parties on or before a change of ownership occurred. The administrator stated the admission agreements were completed late.
5	.310.01.c. Medication Distribution System.	The facility did not maintain the medication refrigerator temperatures between 38 and 45 degrees F. The temperatures

		were sporadically documented between 30 and 37 degrees between March 2025 and May 2025. The refrigerator, contained insulin and there were no corrective actions taken. The facility nurse stated she was unaware of the temperature ranges.
6	.320. NEGOTIATED SERVICE AGREEMENT (NSA) REQUIREMENTS.	NSAs (Negotiated Service Agreement) were not completed within 14 days of admission for Residents #1, #3, #5, #6, and #7, when there was a change of ownership. The facility nurse confirmed the NSAs were not completed within 14 days of the change of ownership.
7	.600.04.b. Sufficient Personnel.	Three of seven staff members did not have evidence of CPR or First Aid certification. The administrator confirmed the staff did not have current first aid certifications.
8	.330.13.e. Personnel Records.	Seven of seven staff, whose records were reviewed, did not contain documentation of 16 hours of orientation. The administrator confirmed they had not documented staff orientation.