

NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Canyons Senior Living, LLC	RC-1327	1215 Cheney Drive West	208-358-9624
Administrator	City	Zip Code	Survey Date
Jessica Tolle	Twin Falls	83301	06/04/2026
Survey Team Leader	Survey Type		Response Due
Ramirez, Mina	Health Care Licensure and Follow-Up		07/04/2026

Item #	Rule (16.03.22)	Description
1	.335.02. Standard Precautions.	The facility did not follow infection control standards. For example, during medication pass observations, medication technicians were observed to not perform hand hygiene between residents' medication passes, handled medications with non-sanitized bare hands, administered insulin without performing hand hygiene prior to donning gloves, and not sanitizing a blood pressure cuff and oximeter used for multiple residents prior to or after they were used for the next resident. The facility nurse stated staff needed to be re-educated regarding infection control practices.
2	.320.01. Use of NSA.	Residents' Negotiated Service Agreements (NSAs) were not followed. For example, between 6/1/26 and 6/3/26, Resident #4 was observed without their walker nearby on multiple occasions for various lengths of time inside the memory care dayroom/dining room and outside in the secured courtyard. On a few of these occasions, staff were observed interacting with or near Resident #4 and did not retrieve their walker for them. Resident #4 had multiple falls from 1/13/26 to 5/18/26 and an intervention on an incident report after a fall on 1/24/26, documented staff were to remind the resident to use their walker. Resident #4's 2/3/26 and 5/4/26 NSAs

		documented they required reminders to use their walker at all times. The facility nurse stated staff did not follow Resident #4's NSA and needed to be re-educated on following the residents' NSAs.
3	.405.04. Prohibited Applications.	The facility had a gas furnace that was not inspected on a yearly basis. The administrator confirmed it had been longer than a year since the last inspection was completed.
4	.410. REQUIREMENTS FOR EMERGENCY ACTIONS AND FIRE DRILLS.	The facility failed to conduct fire drills in accordance with the rule. A fire drill was conducted on 10/24/25 and the next drill was not completed until 2/1/26, not meeting the requirement of completing a fire drill on a bi-monthly basis. The administrator confirmed there had been a gap between the dates in question and a fire drill during this time had not been completed.
5	.600.04.b. Sufficient Personnel.	Eight of nine care staff, whose records were reviewed did not have current First Aid certification. An audit on 6/3/26 confirmed inadequate first aid certification coverage per shift, per unit. The facility administrator confirmed the certifications were not completed and not all shifts had at least one staff with current certification for 6/3/26.