

## NON-CORE ISSUES

| Facility                                  | License #                           | Physical Address         | Phone Number |
|-------------------------------------------|-------------------------------------|--------------------------|--------------|
| Grace Assisted Living at Englefield Green | RC-989                              | 250 South Allumbaugh Way | 208-322-8080 |
| Administrator                             | City                                | Zip Code                 | Survey Date  |
| Jody Stephen                              | Boise                               | 83709                    | 01/04/2019   |
| Survey Team Leader                        | Survey Type                         |                          | Response Due |
| Bennett, Lisa                             | Health Care Complaint Investigation |                          | 02/03/2019   |

| Item # | Rule (16.03.22)                                            | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | .159.01 Complete and Accurate Records                      | The facility did not have a policy or procedure to ensure documentation was accurate and authentic. For example: Two of Resident #7's pain medications were documented as unavailable on the March 2018 MAR's; however, a copy of the March 2018 MAR printed in June 2018 documented the medications were given. Resident #5's Ted hose were being documented as applied and removed on the December 2018 and January 2019 MAR, when the resident was not wearing them.                                                                                                                                                                                                       |
| 2      | .305.02.b. Current Medication Orders and Treatment Orders. | The facility nurse did not ensure residents had medications available as ordered by the physician for the following:<br>Resident #1 received a bladder medication that should have been discontinued, his antibiotic was not started for three days following a visit to the hospital and he did not receive vitamins for several days in September and October 2018. Resident #4 had two as-needed pain medications ordered, but the medications were not available. Resident #5 had a gout medication that was not discontinued until 6 days after the discontinuation order was received. Resident #7 did not receive two pain medications from 3/9/18 to 3/17/18, despite |

|   |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   |                                                            | complaints of pain which resulted in a visit to the emergency room. Resident #7 received an order for Ted hose on 4/11/18, but had not received them by 5/29/18 when they were discontinued. ***previously cited on 6/4/18 ***                                                                                                                                                                                      |
| 3 | .305.03. Resident Health Status.                           | The facility nurse did not conduct nursing assessments when residents experienced changes in physical or mental health status. For example: When Resident #1 had a urinary tract infection which progressed to a testicular infection; when Resident #5 fell and sustained a black eye and when Resident #7 experienced bilateral lower leg and foot pain with low potassium levels. ***previously cited 6/4/18 *** |
| 4 | .350.04. Written Response to Complaint Within Thirty Days. | The administrator did not provide a written response to all complainants within 30 days. Several residents and family members voiced various concerns, but did not receive a written response from the administrator.                                                                                                                                                                                               |