



# Residential Assisted Living Top 10 Deficiencies

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Teresa McClenathan & Megan Rideout



IDAHO DEPARTMENT OF  
HEALTH & WELFARE



## 310. REQUIREMENTS FOR MEDICATION

### 01. Medication Distribution System.

c. Biologicals and other medications requiring cold storage must be maintained at thirty-eight degrees Fahrenheit to forty-five degrees Fahrenheit (38°F-45°F), and the temperature monitored and **documented daily.**



## 310. REQUIREMENTS FOR MEDICATION

### 04. Psychotropic or Behavior Modifying Medication.

e. The use of psychotropic or behavior modifying medications must be reviewed by the physician or authorized provider at least every six (6) months. The facility must provide behavior updates to the physician or authorized provider to help facilitate an informed decision on the continued use, and possible reduction, of the psychotropic or behavior modifying medication.



## 310. REQUIREMENTS FOR MEDICATION

### 04. Psychotropic or Behavior Modifying Medication.

#### PSYCHOTROPIC MEDICATION REVIEW

Your patient is currently receiving the following psychotropic medication(s). State rules require that the dose of these medications be reviewed at least every 6 months. The facility must provide behavior updates to help facilitate an informed decision on possible dose reduction or continuing such medications. Please review, complete, sign and fax.

|                     |                   |                  |
|---------------------|-------------------|------------------|
| Resident Name:      | DOB:              | Date of request: |
| Relevant Diagnoses: | Reporting Period: |                  |
| Facility:           | Phone #           | Fax #            |
| Dr:                 | Phone #           | Fax #            |

#### CURRENT MEDICATION ORDER

| Medication | Dose and Frequency | Symptoms Treated | If PRN, # times used in past 6 months |
|------------|--------------------|------------------|---------------------------------------|
|            |                    |                  |                                       |

#### BEHAVIOR / SYMPTOM UPDATE

| Behaviors / Symptoms Observed | How many episodes were observed in last 6 months | Approximately, how long did each episode last | ↑ or ↓ in behavior/ symptom |
|-------------------------------|--|---|-----------------------------|
|                               |  |   |                             |

#### MEDICATION SIDE EFFECTS NOTICED

|  |
|--|
|  |
|--|

#### NEW PHYSICIAN ORDER

I have reviewed this resident's psychotropic medication and corresponding behavioral updates. Resident requires the following:

- Dose reduction / New prescription \_\_\_\_\_
- Resident is on optimal dose and is clinically stable – Continue the medication as prescribed
- Past dose reductions caused resident to show increased behaviors – Continue the medication as prescribed

\_\_\_\_\_  
Physician Signature & Date

 SIGN HERE PLEASE!



305. REQUIREMENTS FOR THE LICENSED REGISTERED NURSING ASSESSMENT. For each resident the licensed registered nurse must assess and document, including date and signature, the following:

02. Current Medication Orders and Treatment Orders. Each resident's medication and treatment orders are current and verified for the following:

b. The physician or authorized provider orders related to therapeutic diets, treatments, and medications for each resident are followed.



305. REQUIREMENTS FOR THE LICENSED REGISTERED NURSING ASSESSMENT. For each resident the licensed registered nurse must assess and document, including date and signature, the following:

3. Resident Health Status. The health status of each resident by conducting a physical assessment and identifying symptoms of illness, or any changes in mental or physical health status.



## 009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

01. Criminal History and Background Check. A residential assisted living facility must complete a criminal history and background check on employees and contractors hired or contracted with after October 1, 2005, who have direct resident access to residents in the residential assisted living facility. The Department check conducted under IDAPA 16.05.06, “Criminal History and Background Checks,” satisfies this requirement. Other criminal history and background checks may be acceptable provided they meet the criteria in Subsection 009.02 of this rule and the entity conducting the check issues written findings. The entity must provide a copy of these written findings to both the facility and the employee.



## 215. REQUIREMENTS FOR A FACILITY ADMINISTRATOR

### 08. Procedures for Investigations.

b. Investigation within Thirty Days. The administrator or designee must complete an investigation and written report of the findings within thirty (30) calendar days for each accident, incident, complaint, or allegation of abuse, neglect, or exploitation.





## 215. REQUIREMENTS FOR A FACILITY ADMINISTRATOR

### 08. Procedures for Investigations.

f. Notification to Licensing Agency within One Business Day. When a reportable incident occurs, the administrator or designee must notify the Licensing Agency within one (1) business day of the incident.

# #7 – 215.08.b- Continued



## 215. REQUIREMENTS FOR A FACILITY ADMINISTRATOR

### 08. Procedures for Investigations.

| <b>All Non Resident-to-Resident Incidents</b>   |  |   |                                |
|---|--|---|--------------------------------|
| REPORT TO:  | Dept. of Health & Welfare<br>Licensing & Certification | Commission on Aging<br>Adult Protection | Local Law Enforcement<br>9-1-1 |
| Abuse or sexual assault that has resulted in death or serious physical injury jeopardizing the life, health, or safety of a resident (IC 39-5303).  |  |   |                                |
| Reported or suspected abuse, neglect, or exploitation of a resident (IC 39-5303).   |  |   |                                |
| Any resident injury of significant or suspicious nature (i.e., an injury that includes severe bruising, fingerprint bruises, laceration(s) larger than a minor skin tear, sprains, or fractured bones). |  |   |                                |
| Injuries that are suspected to have occurred from abuse or neglect (IC 39-5303).  |  |   |                                |
| Injuries of unknown origin.   |  |   |                                |
| Injuries resulting from accidents involving facility-sponsored transportation.  |  |   |                                |
| Elopement.  |  |   |                                |
| Incidents that result in the resident's need for assessment or treatment outside the facility or death.   |  |   |                                |



## 330. REQUIREMENTS FOR FACILITY RECORDS

14. As Worked Schedules. Work records must be maintained in written or electronic format which reflect:

- a. Personnel on duty, at any given time; and (3-15-22)
- b. The first and last names of each employee and their position.



## 260. REQUIREMENTS FOR ENVIRONMENTAL SANITATION.

06. Housekeeping and Maintenance Services. Housekeeping, maintenance personnel, and equipment must be provided to maintain the interior and exterior of the facility in a clean, safe, and orderly manner. Prior to occupancy of any sleeping room by a new resident, the room must be thoroughly cleaned including the bed, bedding, and furnishings.



## 260. REQUIREMENTS FOR ENVIRONMENTAL SANITATION.

07. Toxic Chemicals. All toxic chemicals must be properly labeled. Toxic chemicals cannot be stored where food is stored, prepared, or served, where medications are stored, and where residents with cognitive impairment have access.