



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

February 25, 2015

Christina Dunn, Administrator
Ashley Manor Care Centers Inc - Orchard
2150 South Orchard
Boise, Idaho 83705

Provider ID: RC-646

Ms. Dunn:

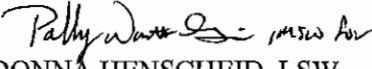
On January 21, 2015, a complaint investigation was conducted at Ashley Manor Care Centers Inc - Orchard. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted evidence of resolution is being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,


DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor

DH/sc

cc: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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January 29, 2015

Christina Dunn, Administrator
Ashley Manor Care Centers Inc - Orchard
2150 South Orchard
Boise, Idaho 83705

Provider ID: RC-646

Ms. Dunn:

An unannounced, on-site complaint investigation was conducted at Ashley Manor Care Centers Inc - Orchard on January 21, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006439

Allegation #1: The facility did not staff appropriately to meet the needs of residents who required two person assistance with transfers.

Findings: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #2: Staff brought their children to work which prevented staff from appropriately supervising the residents.

Findings: Substantiated. However, not cited as the facility addressed the issue with the caregiver and there was no additional evidence the practice had continued after this one incident.

Allegation #3: The facility ran out of cleaning supplies.

Findings: Substantiated. However, not cited as the facility currently had adequate cleaning supplies.

Allegation #4: The administrator did not respond to complainants in writing.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for the administrator not providing written responses to complainants. The facility was required to submit evidence of resolution within 30 days.

Christina Dunn, Administrator

January 29, 2015

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Allegation #5: The administrator was not at the facility sufficiently to supervise the day to day operations.

Findings: Unsubstantiated. However, the facility was provided technical assistance to ensure the as-worked schedule documented the work hours of all staff, including the administrator and nurse.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference, on **January 21, 2015**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office by February 20, 2015.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



DONNA HENSCHIED, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program

