



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

April 23, 2015

Kimberly Keegan, Administrator  
Ashley Manor - Cloverdale, Ashley Manor LLC  
3749 North Cloverdale Road  
Boise, Idaho 83713

Provider ID: RC-555

Ms. Keegan:

On March 19, 2015, a state licensure/follow-up/revisit was conducted at Ashley Manor - Cloverdale, Ashley Manor LLC. 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 Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MAUREEN MCCANN, RN  
Team Leader  
Health Facility Surveyor

MM/sc

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



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March 25, 2015

Kimberly Keegan, Administrator  
Ashley Manor - Cloverdale, Ashley Manor LLC  
3749 North Cloverdale Road  
Boise, Idaho 83713

Provider ID: RC-555

Ms. Keegan:

On March 19, 2015, a follow-up visit to the complaint investigation survey of 11/13/2014, was conducted at Ashley Manor - Cloverdale, Ashley Manor LLC. The core issue deficiencies issued as a result of the 11/13/2014, survey have been corrected.

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. 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 April 18, 2015.

Should you have questions, please contact me at (208) 364-1962.

Sincerely,

MAUREEN MCCANN, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

MM/sc

