



IDAHO DEPARTMENT OF
HEALTH & WELFARE

G.L. 'BUTCH' OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

April 21, 2015

Jodi Howard, Administrator
Ashley Manor-- Beverly Hills
861 Beverly Hills Drive
Payette, ID 83661

License #: RC-557

Dear Ms. Howard:

On April 13, 2015, a Fire Life Safety Survey was conducted at Ashley Manor-- Beverly Hills. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Nathan Elkins, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

NATHAN ELKINS
Health Facility Surveyor
Facility Fire Safety & Construction Program

NE/lj



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CERTIFIED MAIL #: 7012 3050 0001 2125 6475

April 21, 2015

Jodi Howard, Administrator
Ashley Manor-- Beverly Hills
861 Beverly Hills Drive
Payette, ID 83661

Dear Ms. Howard:

Based on the Life Safety Code survey conducted by our staff at Ashley Manor-- Beverly Hills on **April 13, 2015**, we have determined that the facility did not have an operational sprinkler system and failed to put a fire watch in place while the sprinkler system was not operational.

This core issue deficiency substantially limits the capacity of Ashley Manor-- Beverly Hills to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **May 28, 2015**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ◆ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ◆ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ◆ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ◆ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?

Jodi Howard, Administrator

April 21, 2015

Page 2 of 2

- ♦ What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **May 6, 2015**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to Mark Grimes, Supervisor, Facility Fire Safety & Construction Program, for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**May 4, 2015**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **May 4, 2015**, your request will not be granted.

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 proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **May 13, 2015**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Ashley Manor-- Beverly Hills.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,



MARK P. GRIMES

Supervisor

Facility Fire Safety & Construction Program

MPG/lj

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R557	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2015
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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - BEVERLY HILLS, ASHLEY N	STREET ADDRESS, CITY, STATE, ZIP CODE 861 BEVERLY HILLS DRIVE PAYETTE, ID 83661
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R 000	Initial Comments The following core deficiencies were cited during the annual Life Safety Survey under the requirements of the Rules for Residential or Assisted Living Facilities in Idaho conducted on April 13, 2015. The survey was conducted by: Nathan Elkins Health Facility Surveyor Fire Life Safety & Construction	R 000		
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based upon observation, record review and interview the facility failed to provide a safe living environment through a lack of maintenance, inspections and policies. Failure to provide a safe living environment resulting in inadequate care is an immediate danger to all residents, staff, and visitors on the date of survey. The facility is licensed for nine assisted living beds with a census of eight on the day of survey. Findings include: During the facility tour on April 13, 2015 at approximately 1:30 PM, observation of the System Pressure gauge on the sprinkler riser revealed no water pressure was getting to the sprinkler system. Record review showed an annual inspection of the sprinkler system was	R 008		

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R557	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2015
NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - BEVERLY HILLS, ASHLEY 1		STREET ADDRESS, CITY, STATE, ZIP CODE 861 BEVERLY HILLS DRIVE PAYETTE, ID 83661		
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R 008	Continued From page 1 conducted on April 7, 2015 which included a backflow test, installation of a new Supply gauge and System Pressure gauge. Interview with the administrator at the time of the finding revealed the facility was unaware the sprinkler system was not operational. The administrator confirmed the findings and asked if a fire watch was required. This was confirmed by the surveyor and a fire watch was put into place prior to the exit interview.	R 008		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <u>RC-557</u>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED <u>4-13-2015</u>
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NAME OF FACILITY <u>Ashley Manor Beverly Hills</u>	STREET ADDRESS, CITY, STATE, ZIP CODE <u>861 Beverly Hills Dr. Payette, ID 83661</u>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
16.03.22 010.20	Inadequate care for safe living environment. Sprinkler system not operational and no fire watch in place at time of inspection at 1:30pm on April 13, 2015 IDAPA 16.03.22.905.	00:20	Fire watch in place as of 2:10 Absolute fire company has been called and they will be here to fix system day today.	4-13-15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <u>Spedi Howard</u>	TITLE <u>Administrator</u>	(X6) DATE <u>4-13-15</u>
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