



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.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@chwh.idaho.gov](mailto:fsb@chwh.idaho.gov)

July 15, 2015

Jeanifer Bigler, Administrator  
Ashley Manor Care Centers-- Elgin Way  
3961 Elgin Way  
Boise, ID 83713

License #: RC-581

Dear Ms. Bigler:

On June 10, 2015, a Fire Life Safety Survey was conducted at Ashley Manor Care Centers-- Elgin Way. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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 evidence of resolution.

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

Sincerely,

SAM BURBANK  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

SB/lj



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June 18, 2015

Jeanifer Bigler, Administrator  
Ashley Manor Care Centers-- Elgin Way  
3961 Elgin Way  
Boise, ID 83713

Dear Ms. Bigler:

On June 10, 2015, a Fire Life Safety Survey was conducted at Ashley Manor Care Centers-- Elgin Way. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

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 July 10, 2015.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK P. GRIMES, Supervisor  
Facility Fire Safety & Construction Program

MPG/lj  
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R581</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - ENTIRE BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/10/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ASHLEY MANOR CARE CENTERS INC - ELGIN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3961 ELGIN WAY BOISE, ID 83713</b>
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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	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of IDAPA 16.03.22 Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on June 10, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety &amp; Construction Program</p>	R 000		
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Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_



Facility Name <b>AGILEY MANOR - ELGINWAY</b>	Physical Address <b>3961 N. ELGIN WAY</b>	Phone Number <b>208-327-9960</b>
Administrator <b>JAMIE BIGLER</b>	City <b>BOISE</b>	ZIP Code <b>83713</b>
Survey Team Leader <b>Sam BURBANK</b>	Survey Type <b>FLS</b>	Survey Date <b>6/10/15</b>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.01	RM # 9 - MULTIPLE PLUG EXTENSION CORD IN USE FOR FAN		
2	405.03	RESIDENT IN RM # 9 TRANSFILLING OXYGEN OVER A HYDROCARBON - CARPETING - NO PROPER TRANSFER LOCATION ON SITE	JUL 13 2015	
1	405.01	in response to RM # 9 multiple plug extension cord the extension cord was removed and replaced with a surge protector. - see picture attached -	6/11/15	<del>§</del>
2	405.03	in response to RM # 9 transfilling Oxygen over Carpet, Oxygen tank removed and portable oxygen tanks brought in for use. - see picture attached -	6/11/15	<del>§</del>

Response Required Date <b>7/10/15</b>	Signature of Facility Representative <b>Jamie Bigler</b>	Date Signed <b>6/10/15</b>
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