



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

August 28, 2015

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

License #: RC-646

Dear Ms. Dunn:

On August 18, 2015, a Fire Life Safety Survey 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:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence or 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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August 28, 2015

Christina Dunn, Administrator
Ashley Manor Care Centers, Inc.-- Orchards
2150 South Orchard
Boise ID 83705

Dear Ms. Dunn:

On August 18, 2015, a Fire Life Safety Survey was conducted at Ashley Manor Care Centers, Inc.-- Orchard. 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 September 18, 2015.

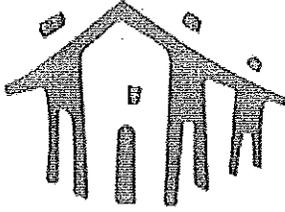
Should you have any questions about our visit, please contact me at (208) 334-6626, option 3.

Sincerely,

A handwritten signature in black ink, appearing to read 'MPG', followed by a long horizontal line extending to the right.

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

MPG/lj
Enclosure



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DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITIES
PROGRAM

P.O. Box 83720
Boise, Idaho 83720-0009
Email: ralf@dhw.idaho.gov
PHONE (208) 364-1962
FAX (208) 364-1888

Punch Items

Survey Date: 08/18/2015

16.03.22.415.05. Automatic Fire Extinguishing System Service and Testing.

All automatic fire extinguishing systems must be inspected, tested, and serviced at least annually by a sprinkler system contractor licensed by the Idaho State Fire Marshal's office.

Loaded sprinkler head at riser room/furnace/water heater location

16.03.22.410.02. Fire Drills.

All personnel and residents must participate in a minimum of one (1) fire drill per shift per quarter. Fire drills must be unannounced.

No fire drills other than February 2015

