



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

January 22, 2016

Patsy Strom, Administrator
Ashley Manor - Hawthorne
4826 Hawthorne Road
Chubbuck, Idaho 83202

Provider ID: RC-753

Ms. Strom:

On December 3, 2015, a core deficiency follow-up survey was conducted at Ashley Manor - Hawthorne, 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 Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Donna Henscheid, LSW
Team Leader
Health Facility Surveyor

DH/sc

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



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December 15, 2015

Patsy Strom, Administrator
Ashley Manor - Hawthorne
4826 Hawthorne Road
Chubbuck, Idaho 83202

Provider ID: RC-753

Ms. Strom:

On December 3, 2015, a follow-up visit to the core deficiency follow-up survey of February 26, 2015, was conducted at Ashley Manor - Hawthorne, Ashley Manor, LLC. The core issue deficiencies issued as a result of the February 26, 2015 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, on December 3, 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 January 2, 2016.

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

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/sc



Facility ASHLEY MANOR - HAWTHORNE	License # RC-753	Physical Address 4826 HAWTHORNE ROAD	Phone Number (208) 637-1200
Administrator Patsy Strom	City CHUBBUCK	ZIP Code 83202	Survey Date December 3, 2015
Survey Team Leader Donna Henscheid, LSW	Survey Type Follow-up	RESPONSE DUE: January 2, 2016	
Administrator Signature 	Date Signed 12/3/15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	The facility did not have documented evidence of state police checks for 1 of 1 employees. **Previously cited 2/26/15**	1/21/16	DH
2	250.15	The facility's call system was inoperable.	1/21/16	DH
3	600.06.a	The administrator did not schedule sufficient staff during all hours to ensure the residents' needs were met. **Previously cited 2/26/15**	1/21/16	DH
4	630.01	Three of eight employees did not have documented evidence of dementia training. **Previously cited 2/26/15**	1/21/16	DH
5	630.02	Three of eight employees did not have documented evidence of mental illness training. **Previously cited 2/26/15**	1/21/16	DH
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