



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 27, 2016

Brianna Lynne Smith, Administrator
Ashley Manor - Storybook Way #1
126 North Storybook Way
Eagle, Idaho 83616

Provider ID: RC-833

Ms. Smith:

On December 31, 2015, a complaint investigation survey was conducted at Ashley Manor - Storybook Way #1, Ashley Manor - Storybook Way. 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.

Your submitted plan of correction 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 Rae Jean McPhillips, RN, BSN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Rae Jean McPhillips, RN, BSN
Team Leader
Health Facility Surveyor

RM/sc

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



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January 10, 2016

Brianna Lynne Smith, Administrator
Ashley Manor - Storybook Way #1
126 North Storybook Way
Eagle, Idaho 83616

Provider ID: RC-833

Ms. Smith:

Based on the complaint investigation survey conducted by Department staff at Ashley Manor - Storybook Way #1 between December 30, 2015 and December 31, 2015, it has been determined that the facility operated without a currently licensed administrator for a period greater than 30 days.

This core issue deficiency substantially limits the capacity of Ashley Manor - Storybook Way #1 to furnish services of an adequate level or quality to ensure that residents' health and safety are protected. 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 February 14, 2016. **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)?
- ♦ By what date will the corrective action(s) be completed?

Return the **signed** and **dated** Plan of Correction to us by **January 21, 2016**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Brianna Lynne Smith

January 10, 2016

Page 2 of 2

Pursuant to IDAPA 16.03.22.003.02, you have available the opportunity to question the core issue deficiency through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Assisted Living Facility Program for an IDR meeting. The request for the meeting must be in writing and must be made within ten (10) business days of receipt of the Statement of Deficiencies. The facility's request must include sufficient information for Licensing and Certification to determine the basis for the provider's appeal, including reference to the specific deficiency to be reconsidered and the basis for the reconsideration request. If your request for informal dispute resolution is received more than ten (10) days after you receive the Statement of Deficiencies, your request will not be granted. Your IDR request must be made in accordance with the Informal Dispute Resolution Process. The IDR request form and the process for submitting a complete request can be found at www.assistedliving.dhw.idaho.gov under the heading of Forms and Information.

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 364-1962 and ask for the Residential Assisted Living Facility program. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

A handwritten signature in cursive script that reads "Jamie Simpson".

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

JS/sc

CORE ISSUES

Facility	License #	Physical Address	Phone Number
Ashley Manor - Storybook Way #1	RC-833	126 North Storybook Way	208-939-4602
Administrator	City	Zip Code	Survey Date
Brianna Lynne Smith	Eagle	83616	12/31/2015
Survey Team Leader	Survey Type		Response Due
McPhillips, Rae Jean	Complaint Investigation		
Administrator Signature	Date Signed		

Item #	Rule	Description
1	16.03.22.000 Initial Comments	<p>The following core deficiency was cited during the complaint investigation survey conducted on December 30, 2015 and December 31, 2015 at your residential care/assisted living facility.</p> <p>The surveyors conducting the survey were:</p> <p>Rae Jean McPhillips, RN, BSN Team Coordinator Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p>
2	16.03.22.215.03.Thirty Day Operation Limit.	<p>Based on interview and record review it was determined the facility operated without a currently licensed administrator for greater than 30 days. The findings include:</p> <p>A fax to Licensing and Certification, dated 5/14/14, documented Reba Curtis was the new administrator of Ashley Manor, Storybook Way in Eagle, Idaho. The fax included a copy</p>

		<p>of her administrator's license which showed an expiration date of 9/18/14.</p> <p>Another fax to Licensing and Certification, dated 11/19/14, documented Reba Curtis was no longer the administrator of the facility, as of 11/15/14. The fax also documented a new administrator was now in place at the facility.</p> <p>On 12/29/15 a search of the "Idaho Bureau of Occupational Licenses" website was conducted. The website documented that Reba Curtis did not renew her license after 9/18/14.</p> <p>On 12/30/15 at 1:15 PM, the Vice President of Operations and Sales for the Ashley Manor corporation was interviewed. She stated, they did not know Reba Curtis' license expired on 9/18/14 and had not been renewed.</p> <p>The facility operated from 9/18/14 until 11/15/14, a total of 59 days, with an administrator who did not have a current administrator's license in Idaho.</p>
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January 10, 2016

Brianna Lynne Smith, Administrator
Ashley Manor - Storybook Way #1
126 North Storybook Way
Eagle, Idaho 83616

Provider ID: RC-833

Ms. Smith:

An unannounced, on-site survey was conducted at Ashley Manor - Storybook Way #1, Ashley Manor - Storybook Way between December 30, 2015 and December 31, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint #5534

Allegation #1: The facility's administrator did not have a current administrator's license.

Findings #1: Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.520.10 for not having an administrator with a current license for 59 days. The facility was required to submit a plan of correction within 10 days.

Allegation #2: The facility did not take appropriate actions when an employee was accused of abuse.

Findings #2: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

Rae Jean McPhillips, RN, BSN
Health Facility Surveyor
Residential Assisted Living Facility Program

RM/sc

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



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Provider ID: RC-833

Ms. Smith:

An unannounced, on-site complaint investigation was conducted at Ashley Manor - Storybook Way #1 between December 30, 2015 and December 31, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # 5559

Allegation #1: The facility did not assist a former resident with ADL's.

Findings #1: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

Rae Jean McPhillips, RN, BSN
Health Facility Surveyor
Residential Assisted Living Facility Program

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