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 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: <u>Isb@dhw.idaho.gov</u>

July 1, 2010

Pat Spotten, Administrator Ashley Manor-- Mountain Home 940 West 8th South Mountain Home, Idaho 83647

License #: RC-688

Dear Ms. Spotten:

On June 14, 2010, a Fire Life Safety Survey was conducted at Ashley Manor-- Mountain Home. 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 Eric Mundell, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL

Health Facility Surveyor

Facility Fire Safety & Construction Program

EM/lj

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

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 83720-036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: <u>fsb@dhw.idaho.gov</u>

June 15, 2010

Pat Spotten, Administrator Ashley Manor-- Mountain Home 940 West 8th South Mountain Home, Idaho 83647

Dear Ms. Spotten:

On June 14, 2010, a Fire Life Safety Survey was conducted at Ashley Manor-- Mountain Home. 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 14, 2010.

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

FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: 01 - ENTIRE BUILDING A. BUILDING B. WING 13R688 06/14/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 940 WEST 8TH SOUTH **ASHLEY MANOR - MOUNTAIN HOME** MOUNTAIN HOME, ID 83647 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R 000 Initial Comments R 000 The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on June 14, 2010. The surveyor conducting the survey was: Eric Mundell REHS/RHSO Health Facility Surveyor Facility Fire/Life Safety & Construction Program

Bureau of Facility Standards

TITLE

(X6) DATE

7.1	IDAHO	DEPART	MENT OF
NINE	HEAL'	TH & W	ELFARE

MEDICAID L & C - RALE PROGRAM P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

PAGE 3/4 * RCVD AT 6/30/2010 10:32:13 AM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1888 * CSID: * DURATION (mm-ss):00-48

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	City //	ZIP Code	
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Survey Team Leader	Survey Type	Survey Date	1 1
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