



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@dhw.idaho.gov

December 16, 2010

Rebecca Barnett, Administrator
Ashley Manor-- Beverly Hills
861 Beverly Hills Drive
Payette, ID 83661

License #: RC-557

Dear Ms. Barnett:

On November 18, 2010, a Fire Life Safety Survey was conducted at Ashley Manor-- Beverly Hills, Ashley Manor LLC. 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 Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Taylor Barkley". The signature is fluid and cursive.

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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November 23, 2010

Rebecca Barnett, Administrator
Ashley Manor-- Beverly Hills, Ashley Manor LLC
861 Beverly Hills Drive
Payette, ID 83661

Dear Ms. Barnett:

On November 18, 2010, a Fire Life Safety Survey was conducted at Ashley Manor - Beverly Hills, Ashley Manor Llc. 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 December 18, 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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R557	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 11/18/2010
NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - BEVERLY HILLS, ASHLEY I		STREET ADDRESS, CITY, STATE, ZIP CODE 861 BEVERLY HILLS DRIVE PAYETTE, ID 83661		
(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
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the life safety code requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard life safety code survey conducted on November 18, 2010.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



Facility Name Ashley Manor Beverly Hills	Physical Address 861 Beverly Hills Dr.	Phone Number 208-642-1711
Administrator Rebecca Barnett	City Payette, Id	ZIP Code 83661
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 11-18-10

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	415.02	The last ANNUAL fuel fired heating inspection was August 3, 2009.	11-25-10	
2	410.02	The facility did not conduct one drill per shift per quarter.	12-14-10	
3	415.04	The facility did not inspect or test the fire alarm system on a monthly basis.	12-14-10	

Response Required Date 12-18-10	Signature of Facility Representative <i>[Signature]</i> 11-18-10	Date Signed 11-18-10
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