



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: 208-334-6626
FAX: 208-364-1888

April 30, 2013

Tracey Brent, Administrator
Ashley Manor - Hill Road, Ashley Manor LLC
3424 West Hill Road
Boise, ID 83702

License #: RC-768

Dear Ms. Brent:

On February 6, 2013, a Complaint Investigation survey was conducted at Ashley Manor - Hill Road, 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.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Gloria Keathley, LSW
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

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



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February 12, 2013

Tracey Brent, Administrator
Ashley Manor - Hill Road, Ashley Manor LLC
3424 West Hill Road
Boise, ID 83702

Dear Ms. Brent:

On February 6, 2013, a complaint investigation and follow-up survey was conducted at Ashley Manor - Hill Road, Ashley Manor LLC.

Fifteen (15) non-core issue deficiencies were identified on the punch list and one (1) was identified as a repeat punch. As explained during the exit conference, the completed punch list form and accompanying evidence of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than March 8, 2013.

The one (1) repeated non-core issue deficiency (item #6: 260.06) had been cited on the previous survey.

02/08/12- state licensure/follow-up survey and complainant investigation

This repeated deficiency was for the facility not maintaining the facility in a clean and orderly manner. This is a violation of the following administrative rules for Residential Care of Assisted Living Facilities in Idaho:

IDAPA 16.03.22.260.06. REQUIREMENTS FOR ENVIRONMENTAL SANITATION.

Housekeeping Services and Equipment. Housekeeping, maintenance personnel, and equipment must be provided to maintain the interior and exterior of the facility in a clean, safe, and orderly manner.

If **IDAPA 16.03.22.260.06** is cited on the next follow-up survey, civil monetary penalties will be imposed.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license;
- b. Limitations of admissions to the facility;
- c. Hiring a consultant who submits periodic reports to Licensing and Certification; and/or
- d. Civil monetary penalties.

Tracey Brent
February 12, 2013
Page 2 of 2

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626. Thank you for your continued participation in the Idaho Residential Assisted Living Facility program.

Sincerely,



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

JS/gk



Facility Name Ashley Manor - Hill Road	Physical Address 3424 Hill Rd.	Phone Number 208-344-5807
Administrator Tracy Brent	City Boise	ZIP Code 83702
Survey Team Leader Gloria Keathley	Survey Type Complaint investigation/follow-up survey	Survey Date February 6, 2013

NON-CORE ISSUES PAGE 1 OF 2

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
1	210	The facility did not offer organized activities to the residents that encouraged physical activities and daily living activities to foster and maintain independence.		4/16/13
2	215.02	The facility administrator was not on site sufficiently to provide for safe and adequate care of the residents, as well as the facility's day to day operations.		4/16/13
3	220.10.b	The facility's admission agreement did not include under what circumstances and time frame a partial month's resident fees are to be refunded when a resident no longer resides at the facility.		4/20/13
4	225.01	The facility did not evaluate Resident's #2's behaviors to determine if a behavior program was required.		4/22/13
5	250.10	2 toilets were running and needed repair.		4/10/13
6	260.06	The facility was not maintained in a clean and orderly manner. Such as: A) 7 residents' bathrooms had visible feces on the toilet seats. B) One toilet had a black build-up of an unknown substance in the bowl. C) 3 bathrooms had used disposable briefs in the garbage cans. D) 2 bathroom floors had smeared feces and 4 bathroom floors were sticky when walked on. **** PREVIOUSLY CITED ON 2/8/12****		4/16/13
7	300.01	UAP's were delegated and giving medications to a resident at the end of life who was semiconscious.		4/16/13
8	310.04.a	The facility used behavior modifying medications as a first resort with a resident who exhibited behaviors. The resident did not have a behavior plan developed.		4/16/13
9	310.04.e	The facility did not complete a 6 month physician review of behavior modifying medications for Resident #2.		4/16/13

Response Required Date March 28, 2013	Signature of Facility Representative <i>Tracy Brent</i>	Date Signed 4/16/13
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Facility Name Ashley Manor - Hill Road	Physical Address 3424 Hill Rd.	Phone Number 208-344-5807
Administrator Tracy Brent	City Boise	ZIP Code 83702
Survey Team Leader Gloria Keathley	Survey Type Complaint investigation/follow-up survey	Survey Date February 6, 2013

NON-CORE ISSUES

PAGE 2 OF 2

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
10	350.02	The facility administrator did not complete an investigation for all incidents and accidents.		4/29/13
11	350.04	The facility administrator did not respond to a resident's complaint within 30 days.		4/29/13
12	600.06.a	The facility did not employ and the administrator did not schedule sufficient personnel to provide resident care, safety and supervision during all hours, and to ensure the interior of the facility was maintained in a safe and clean manner.		4/29/13
13	711.01.a	Staff did not document the date and time of Resident #1's specific behaviors.		4/29/13
14	711.08.e	Staff did not document when they notified a nurse of a resident's change in condition.		4/29/13
15	725.01	The facility did not maintain an accurate admission and discharge register.		4/10/13
Response Required Date March 28, 2013	Signature of Facility Representative <i>Tracy Brent</i>		Date Signed 2-6-13	



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February 11, 2013

Tracey Brent, Administrator
Ashley Manor - Hill Road, Ashley Manor LLC
3424 West Hill Road
Boise, ID 83702

Dear Ms. Brent:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - Hill Road, Ashley Manor LLC from February 5, 2013, to February 6, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005656

- Allegation #1:** The facility was not maintained in a clean and sanitary manner.
- Findings #1:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for not maintaining the facility in a clean and sanitary manner. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2:** The facility did not provide organized activities to encourage residents to foster and maintain independence.
- Findings #2:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.210 for not offering organized activities to encourage residents to foster and maintain independence. The facility was required to submit evidence of resolution within 30 days.
- Allegation #3:** An identified resident's billing statement was not clear and correct; the facility did not return calls to the complainant in a timely manner to correct the discrepancies.
- Findings #3:** Substantiated. Review of an identified resident's record determined the facility had not identified or rectified billing discrepancies for 9 months after the resident left the facility. The facility was issued a deficiency at IDAPA 16.03.22.220.10.b for not including in the facility's admission agreement what circumstances and time frame resident's fees were to be refunded. The facility was required to submit evidence of resolution within 30 days.
- Allegation #4:** The facility did not have behavioral interventions in place when a resident became agitated.
- Findings #4:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.225.01 for not evaluating a resident's behaviors to determine if a behavior program was required. The facility was required

Tracey Brent, Administrator
February 11, 2013
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to submit evidence of resolution within 30 days.

Allegation #5: The facility did not respond in writing to complainants.

Findings #5: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for not responding to a complaint in writing within 30 days. The facility was required to submit evidence of resolution within 30 days.

Allegation #6: The facility did not maintain plumbing fixtures in good repair.

Findings #6: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.250.10 for not maintaining plumbing fixtures in good repair. The facility was required to submit evidence of resolution within 30 days.

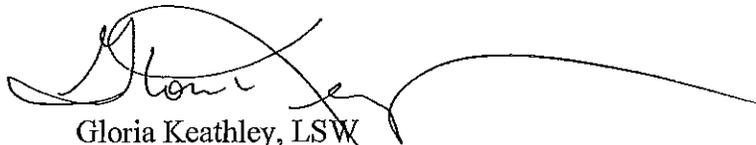
Allegation #7: The administrator was often not available and not on site sufficiently to supervise the day to day operations of the facility.

Findings #7: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.215.02 for the administrator not being on site sufficiently to supervise the day to day operations of the facility. The facility was required to submit evidence of resolution within 30 days.

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 **02/06/2013**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



Gloria Keathley, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

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