



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

March 22, 2013

Kathi Brink, Administrator  
Ashley Manor - Iowa, Ashley Manor LLC  
2604 Iowa Avenue  
Caldwell, ID 83605

License #: RC-767

Dear Ms. Brink:

On February 14, 2013, a Complaint Investigation/Follow up survey was conducted at Ashley Manor - Iowa, 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 Maureen A. McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Maureen A. McCann, RN  
Team Leader  
Health Facility Surveyor  
Residential Assisted Living Facility Program

mmc/mmc

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



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March 4, 2013

Kathi Brink, Administrator  
Ashley Manor - Iowa, Ashley Manor LLC  
2604 Iowa Avenue  
Caldwell, ID 83605

Dear Ms. Brink:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - Iowa, Ashley Manor LLC from February 13, 2013, to February 14, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00005686**

Allegation #1: The facility did not adequately address an identified resident's behaviors.

Findings #1:

Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.225.01.g for not adequately identifying events which triggered the resident's behaviors. The facility was also issued a deficiency at IDAPA 16.03.22.225.02.c for not reviewing the effectiveness of behavioral interventions in place for the identified resident. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: An identified resident was not compatible with other residents of the facility due to his physical aggression.

Findings #2: Between 2/13/13 and 2/14/13, the identified resident was observed to be extremely hard of hearing. Occasionally, when approached, the resident had a startled response. He would have a bewildered and surprised look on his face, turn toward the person who approached him and yell out loudly. The resident was also observed smiling and interacting appropriately with others when he was not startled.

On 2/13/13, two residents stated they had never witnessed the identified resident

Kathi Brink, Administrator  
March 4, 2013  
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being physically aggressive with other residents, but that he used to "yell all day long" and "swear a lot." They stated he occasionally would "kick out" at staff during cares.

Between 2/13/13 and 2/14/13, three staff stated the identified resident was not physically aggressive toward other residents but at times was resistive with staff during cares. They also stated the identified resident would yell for extended periods of time, but these behaviors had decreased significantly in the past few months.

The identified resident's progress notes and behavior tracking notes documented between 7/2012 and 11/2012, the identified resident was resistive to cares and would sometimes kick out at staff. Further, the notes documented the resident would yell frequently. Review of progress notes and behavior tracking notes between 12/2012 and 2/2013 documented, the resident's behaviors had decreased significantly in the past 2.5 months.

Unsubstantiated. Although the allegation of physical aggression toward other residents was unsubstantiated, the facility was issued a deficiency at IDAPA 16.03.22.225.01.g for not adequately identifying events which triggered the resident's yelling. The facility was also issued a deficiency at IDAPA 16.03.22.225.02.c for not reviewing the effectiveness of behavioral interventions in place for the identified resident. 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 **02/14/2013**. 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,



Maureen A. McCann, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

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

