

C.L., "BUTCH" OTTER - GOVERNOR RICHARD M. ARMSTRONG - DIRECTOR LESLIE M. CLEMENT—DEPUTY DRECTOR LICENSING AND CERTIFICATION P.O. Box 83720 Bolse, Idaho 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

June 4, 2012

Linda Gill, Administrator Aarenbrooke Place - Cory Lane, Ashley Manor Llc 9327 Cory Lane Boise, ID 83704

License #: RC-718

Dear Ms. Gill:

On April 30, 2012, a Follow-up survey was conducted at Aarenbrooke Place-Cory Lane, 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



C.L. "BUTCH" OTTER - GOVERNOR RICHARD M. ARMSTRONG - DIRECTOR LESLIE M. CLEMENT -- DEPUTY DIRECTOR LICENSING AND CERTIFICATION P.O. Box 83720 Boise, Idaho 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

May 1, 2012

Linda Gill, Administrator Aarenbrooke Place - Cory Lane, Ashley Manor LLC 9327 Cory Lane Boise, ID 83704

Dear Ms. Gill:

On May 1, 2012, a follow-up for non-core deficiencies survey was conducted at Aarenbrooke Place-Cory Lane, Ashley Manor LLC. The facility was found to be providing a safe environment and safe, effective care to 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 2 non-core issue deficiencies were identified on the punch list and 2 were identified as repeat punches. 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 May 31, 2012

If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, or on a subsequent survey visit, it is determined that any of these deficiencies still exist, the Department will have no alternative but to initiate the enforcement of civil monetary penalties, as described in IDAPA 16.03.22.910.02 and IDAPA 16.03.22.925.

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 the Licensing and Certification
- d. Civil monetary penalties

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 care assisted living facility (RALF) program.

Sincerely,

Maureen A. McCann, RN

Team Coordinator

Health Facility Surveyor

Residential Care/Assisted Living Program

(X6) DATE

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 05/01/2012	
						05/0		
NAME OF PROVIDER OR SUPPLIER			STREET ADD	DRESS, CITY,	STATE, ZIP CODE			
AARENBROOKE PLACE - CORY LANE, ASHLE 9327 COI BOISE, IC								
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
	investigation was or care/assisted living twenty-two non-core of the twenty-two no repeat deficiencies, twenty-two non-core on 4/30/12. Althoug identified, two repea- cited during the follow	ducting the follow-up RN reyor LSW	idential where ed. Four were o the onducted es were ies were	R 000				

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

STATE FORM 5599 13FY11 If continuation sheet 1 of 1

TITLE



L&C-686 September 2008

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

Fácility Name Physical Address	Phone Number
Wrenkrooke Hace-Cores Lang 9327 Cons Lane	<u> </u>
Administrator City	ZIP Code
Judio Williams Dolse	83704
Survey Team Leader Survey Type	Survey Date
Mauren Allan, RD Sollew-100	Am 30.000
<u> NON-CORE ISSUES(/ / / / / / / </u>	
ITEM RULE# DESCRIPTION # 16.03.22	DATE L&C RESOLVED USE
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	P-1007 15 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
Response Required Date Signature of Facility Representative	Date Signed
May 30, 2012 Attack Tennant	4-2:-19