IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

September 21, 2012

Jessica Hindman, Administrator
Ashley Manor Care Centers Inc. - Orchard
PO Box 1176
Meridian, ID 83642

License #: RC-646

Dear Ms. Hindman:

On August 10, 2012, a Complaint Investigation survey was conducted at Ashley Manor Care Centers Inc. - Orchard. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- 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 plan of correction and evidence of resolution.

Should you have questions, please contact Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

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

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

JUDY A. CORDENIZ – ADMINISTRATOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

August 17, 2012

CERTIFIED MAIL #: 7007 3020 0001 4050 7831

Jessica Hindman
Ashley Manor Care Centers Inc. - Orchard
PO Box 1176
Meridian, ID 83642

Dear Ms. Hindman:

Based on the Complaint Investigation conducted by our staff at Ashley Manor Care Centers Inc. - Orchard on August 10, 2012, we have determined that the facility retained a resident for whom they did not have the capability, capacity, and services to provide appropriate care.

This core issue deficiency substantially limits the capacity of Ashley Manor Care Centers Inc. - Orchard to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **September 24, 2012.** **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **August 30, 2012,** and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR)

PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Care Program for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies. See the IDR policy and directions on our website at www.assistedliving.dhw.idaho.gov. If your request for informal dispute resolution is not received within the appropriate time-frame, your request will not be granted..

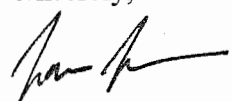
Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **September 9, 2012**.

Also, be aware that any variance allowing the administrator to serve over other facilities is revoked as of the date of the exit conference. The facility must now employ a single, licensed administrator who is not serving as administrator over any other facilities. Failure to do so within thirty (30) days of the date of the exit conference will result in a core issue deficiency.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities in Idaho, the Department will have no alternative but to initiate an enforcement action against the license held by Ashley Manor Care Centers Inc - Orchard.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626 and ask for the RALF program.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program
Medicaid Licensing & Certification

JS/mmc

PRINTED: 08/17/2012
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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
	13R646		C 08/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHLEY MANOR CARE CENTERS INC - ORCH	2150 SOUTH ORCHARD BOISE, ID 83705

(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	Initial Comments The following deficiency was cited during the complaint investigation conducted between 8/6/2012 through 8/10/2012 at your residential care/assisted living facility. The surveyors conducting the survey were: Maureen A. McCann, RN Team Leader Health Facility Surveyor Matthew Hauser, QMRP Health Facility Surveyor Abbreviations used in this report: & = and appt = appointment @ = at MD = physician NSA = negotiated service agreement PRN - as needed rms = rooms rsdnt = resident UAI = uniform assessment instrument w/ = with	R 000		
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based on interview and record review it was determined the facility retained 1 of 3 sampled	R 008	1) Person had already been discharged from the facility before survey. 2) We use behavior tracking to identify other residents who may need a higher level of care for behaviors and PRN medication usage. 3) In the event we have a resident who needs to be discharged for behavior issues that we cannot manage we will first try to work with other behavior units in the area for discharge, in which we had done in this instance. If the resident is denied by other behavior units, as this resident was, we will issue an immediate discharge notice. If the person responsible does not respond to the notice or refuses we then will involve police and adult protection to get the resident out of the facility. 4) For the future we will have anyone who is needing 3 or more psychotropic PRN medications on a daily/regular basis for behaviors will be re-evaluated by the administrator and the nurse appropriate placement. If it is decided that the Resident needs a higher level of care we will follow #3. 5) This will be achieved by 8/30/12	

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NAME OF PROVIDER OR SUPPLIER: ASHLEY MANOR CARE CENTERS INC - ORCH	STREET ADDRESS, CITY, STATE, ZIP CODE: 2150 SOUTH ORCHARD BOISE, ID 83705		

(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 008	Continued From page 1 residents (Resident #3), for whom the facility did not have the capability, capacity, and services to provide appropriate care. 1. Residential care facilities are prohibited from admitting or retaining residents who require the following: IDAPA 16.03.22.152.05.d "A resident will not be admitted or retained who has physical, emotional or social needs that are not compatible with other residents in the facility." IDAPA 16.03.22.152.05.e "A resident who is violent or is a danger to himself or others." On 8/6/12, the facility was observed to be a small 8 bed home-like building. Most of the residents were elderly with dementia diagnoses. Resident #3, a 77 year old, male, was admitted to the facility on 12/13/11 with diagnoses which included schizophrenia and dementia. The resident's admission agreement dated, 12/13/11, documented the facility "may terminate this agreement and discharge the Resident, for cause, by giving a "Notice of Discharge" to the Responsible Party...'Cause' for termination of this Agreement and discharge of the Resident may be any of the following reasons: a) If the Resident's mental or medical condition deteriorates to a level of care that cannot be satisfied at the Facility... g) The Resident is engaged in behavior which is a threat to the mental and/or physical health or safety of the Resident or others in the Facility."	R 008		

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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - ORCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 SOUTH ORCHARD BOISE, ID 83705		

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R 008	Continued From page 2 An "Interim Plan, Negotiated Service Agreement and UAI", dated 12/13/11, documented Resident #3 had a history of verbal aggression and physical aggression. "Behaviors may occur with redirection, becomes verbal [sic] aggressive [sic] before physically aggressive [sic]. Resident is redirectable w/activity and desserts. Address pain if difficult to redirect. Offer activities and socialization." There was no documented "Behavior Management Plan" found in the Resident's record. On 8/7/12 at 8:55 AM, Caregiver A stated the other residents were afraid of Resident #3 because of his physical aggression and the verbal threats he made to harm some of them. On 8/7/12 at 9:05 AM, Caregiver B stated Resident #3 frightened the other residents and some of them began locking their doors at night and staying in their rooms more often. On 8/7/12 at 11:30 AM, Caregiver C stated Resident #3's behavior outbursts intimated the other residents and made them afraid of him. On 8/7/12 at 3:19 PM, Caregiver D stated Resident #3's aggression towards staff and his verbal threats towards some of the residents caused the other residents to fear him. She further stated, the other residents started locking their doors and stayed in their rooms as a result of being afraid of Resident #3. On 8/7/12 at 3:22 PM, Caregiver E stated Resident #3's aggression towards staff and his verbal threats towards some of the residents caused the other residents to fear him. She also	R 008		

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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - ORCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 SOUTH ORCHARD BOISE, ID 83705		

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R 008	Continued From page 3 stated, the other residents started locking their doors and stayed in their rooms as a result of being afraid of Resident #3. The facility "Progress Notes" and "Alert Charting: Daily Log Notes" documented the following: *12/15/11 @ 6:00 AM, Three other residents, "either locked their doors or blocked their doors because [Resident #3's name] keeps going in their rooms." *12/15/11 @ 9:30 PM, Resident #3 was sitting in the dining room and appeared to be in a good mood, then "All of a sudden resident seemed as if he was very agitated with something. Caregiver asked resident if he would like something to eat or drink. Resident stated, 'No bitch you know what I want'...Resident appeared to be lost and told the caregiver he would shoot (her) right between the eyes if he had a gun. Caregiver walked into the office and resident followed caregiver stating that he was going to kick her ass." *12/15/11 @ 11:00 PM, Three other residents blocked their door because they "are scared of Resident (#3)." *12/16/11@ 4:30 AM, Resident #3, "Tried kicking front door also yelling profanities at caregivers." *12/16/11 @ 5:00 AM, Resident #3 came running out of his room into another resident room and was yelling for help to push the locked facility door down. When the caregiver attempted to have the resident leave the other resident's room, Resident #3, "commented he'd have to kill the guy in the bed first."	R 008		

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NAME OF PROVIDER OR SUPPLIER: ASHLEY MANOR CARE CENTERS INC - ORCH	STREET ADDRESS, CITY, STATE, ZIP CODE: 2150 SOUTH ORCHARD BOISE, ID 83705		

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R 008	Continued From page 4 *12/17/11 (not timed), The resident had been "verbally & physically aggressive towards staff & other residents. Keeping him away from other residents. Called 911 to come take him to the hospital. Trying to break windows, kicking door, pacing, cussing & throwing things. Went to hospital & was discharged back to us with PRN medications...Gave both PRN's for yelling & threatening to kill everyone." *12/18/11 (not timed), The resident was medicated with PRN medications for "stating he wanted to bash all the pictures off the wall while slamming his coffee cup on table threatening other residents..." *12/20/11 (not timed), The resident was medicated with PRN medications for "stating he wants to kill himself & others..." *12/22/11 @ 6:50 AM, The resident "threatened to hit caregiver and was going to pull blankets off (of another resident)..." *12/23/11 @ 3:45 AM, The resident had to be redirected after attempting to pull on another resident who was in his own room. Resident #3 then "commented he wanted a gun to shoot everyone in the house." *1/5/12 @ 2:00 AM, "Out of room yelling, hitting his door, kicking couch...Talking of killing everyone and kick door open and run away." *1/13/12 @ 5:10 AM, "Pacing in room banging on walls and doors...out of room yelling and going in and out of rooms getting more and more agitated...Yelling at MR (male resident), to leave him alone or he would kill him."	R 008		

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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - ORCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 SOUTH ORCHARD BOISE, ID 83705		

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R 008	Continued From page 5 *1/13/12 (not timed), The resident went to his physician's office. The physician discontinued all psychotropic medications. *1/13/12 @ 11:45 PM, The resident was "pacing all over the facility moving furniture going in other rsdnt [sic] room...yelling and saying profanities threatening to slug caregiver and anyone else in his way. Going in peoples rms [sic] threatening to kill them..." *1/16/12 (not timed), The resident "went to MD appt notified MD that [Resident #3's name] is still having behaviors & not sleeping ... No new meds." *1/22/12 (not timed), The "Resident still not sleeping all night verbally aggressive not getting along with other residents, urinating in inappropriate places all over the house on other residents doors when approached becoming verbally aggressive spitting all over the floors & tables had bowel (movement) in dinning [sic] room." *1/27/12 @ 11:00 PM, Resident #3 was going around into other resident's rooms yelling, "being verbally abusive very loud, scaring rsdnts [sic] Spitting everywhere he goes." *1/28/12 (not timed), The resident was "yelling profanities and threatening anyone he sees...." *1/28/12 @ 6:00 PM, "Resident went into (another resident's room) and urinated on her bedroom floor." *1/29/12 @ 12:00 AM, The resident was "yelling at caregiver and threatening to slug and kill her. Very loud and trying [sic] getting to peoples rms	R 008		

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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - ORCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 SOUTH ORCHARD BOISE, ID 83705		

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R 008	Continued From page 6 [sic]..." *1/29/12 @ 6:00 PM, "Resident spitting on the floor being very rude to other residents. Saying he wanted to punch (an identified resident) right in the mouth." *1/29/12 @ 10:00 PM, "Told caregiver he was going to bash her head in." *1/30/12 @ 3:00 AM, Resident #3 was "yelling very loud trying to take the kitchen faucet off sink. Started yelling very, very loud profanities and yelling (he was) going to kill everyone in the house." On 8/6/12 at 1:55 PM, the administrator confirmed she had not given the resident a "Notice of Discharge" as outlined in the facility's admission agreement. The administrator also stated the other residents were afraid of Resident #3. The facility retained a resident for 49 days for whom they did not have the capability or capacity to care for. The resident had emotional needs that were not compatible with other residents in the facility when he continued to display physical and verbal aggressive behaviors, threatening staff and other residents. This resulted in inadequate care.	R 008		

IDAHO DEPARTMENT OF HEALTH & WELFARE

MEDICAID LICENSING & CERTIFICATION - RALF
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Ashley Manor Care Centers Inc. - Orchard	2150 S. Orchard	208-388-8909
Administrator	**City**	**ZIP Code**
Jessica Taylor	Boise	83705
Survey Team Leader	**Survey Type**	**Survey Date**
Maureen McCann	Complaint Investigation	August 10, 2012

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	153.05	The facility did not identify Resident #3's property to include clothing items.	9/21/12 MMC	
2	225	The facility did not have a documented behavioral management plan for Resident #3's behaviors.	9/21/12 MMC	
3	350.04	~~The administrator did not provide a complainant with a documented response to a complaint within 30 days.~~	MMC	
4	711.13	The facility nurse did not document an assessment after Resident #3 experienced a change in mental health status.	9/29/12 MMC	

Response Required Date	Signature of Facility Representative	Date Signed
Sept. 9, 2012	Jessica Taylor	

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

JUDY A. CORDENIZ – ADMINISTRATOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

August 17, 2012

Jessica Hindman, Administrator
Ashley Manor Care Centers Inc. - Orchard
PO Box 1176
Meridian, ID 83642

Dear Ms. Hindman:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor Care Centers Inc. - Orchard from August 6, 2012, to August 10, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005439

Allegation #1: The facility did not document financial transactions when they were payees for an identified resident.

Findings #1: On 8/6/12, the identified resident's financial records were reviewed. An "Advance Notification of Representative Payment" form signed 12/13/11, identified the facility as the representative payee for the identified resident. A facility "Statement" form documented debits and credits to the resident's account which balanced with an amount due to the resident. A copy of a check dated 3/9/12, documented the remaining balance. The check was addressed to the resident from the facility. The administrator stated the check had been mailed to the resident's current address.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #2: The facility did not provide an identified resident with all of his belongings when he left the facility.

Findings #2: The facility's policy on residents' belongings documented, "A personnel [sic] possession sheet will be filled out at Admission to catalog the resident's possessions that are brought into the facility. This list will be updated as new

items are brought into the facility during the resident's stay." Between 8/6/12 and 8/10/12, the identified resident's record was reviewed and the possession sheet could not be found. A handwritten letter, dated, 2/11/12, and signed by the resident's family member, documented the resident's belongings had been picked up by the family member. The letter did not include an itemized list of belongings. On 8/6/12 at 1:55 PM, the administrator stated she did not recall a complaint regarding "missing" belongings of the identified resident. She further stated all of the resident's belongings were picked up by the resident's family.

Unsubstantiated. However, the facility was issued a non-core deficiency at IDAPA 16.22.03.153.05 for not following their policy regarding documenting the resident's belongings. The facility was required to submit evidence of resolution within 30 days.

Allegation # 3: The facility used medications as chemical restraints/or as a first resort to control an identified resident's behaviors.

Findings #3: On 8/6/12 the identified resident no longer resided at the facility. A review of the resident's record contained Physician's orders which documented the resident was receiving behavior modifying medications prior to and upon admission to the facility. The facility's progress notes and behavioral alert charting notes, documented the caregivers had used non-drug interventions when the resident had behaviors. However, a written behavior management plan could not be found in the resident's record. Between 8/6/12 and 8/7/12, five caregivers stated they always attempted non-drug behavioral interventions when the identified resident exhibited behaviors.

Unsubstantiated. However, the facility was issued a non-core deficiency at IDAPA 16.22.03.225 for not documenting a behavioral management plan for the identified residents' behaviors. The facility was required to submit evidence of resolution within 30 days. Further, the facility was issued a core deficiency at IDAPA 16.22.03.520 for retaining a resident with aggressive behaviors. The facility was required to submit a plan of correction within 10 days.

Allegation #4: The facility did not monitor an identified resident for side-effects associated with the use of anti-psychotic medications.

Findings #4: On 8/6/12, the identified resident no longer resided at the facility and could not be observed. The residents' closed record was reviewed. The facility's "Psychotropic/Behavioral Medications" policy documented, "Side effects to the different medications will be reviewed, listed on the emar (by the pharmacy) and

the pharmacy information sheets will be available in the Medication Book for staff. Staff will report any adverse side effects noticed to the medication to the nurse and physician immediately." The identified resident's emar documented specific potential side effects under each of the medications the resident received. The resident's progress notes, behavioral alert charting notes and faxes to the resident's physician and the facility nurse were reviewed. There was no documentation found that the resident had experienced any medication side-effects. Between 8/6/12 and 8/7/12, five caregivers stated they never felt the identified resident was over sedated or experienced any other side-effects from the medications he had received.

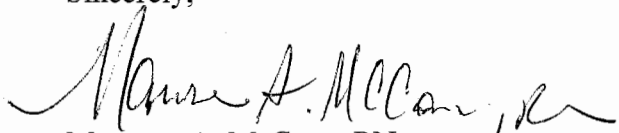
Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

A core issue deficiency was identified during the complaint investigation. Please review the cover letter, which outlines how to develop a Plan of Correction. The Plan of Correction must be submitted to our office within 10 (ten) calendar days of receiving the Statement of Deficiencies.

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 **08/10/2012**. 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