



C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
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December 19, 2011

Charlotte Martin, Administrator  
Ashley Manor-- Hyde Park  
1908 North 13th Street  
Boise, Idaho 83702

Dear Ms. Martin:

On December 8, 2011, a Fire Life Safety Survey was conducted at Ashley Manor-- Hyde Park. 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.

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:<br><br><b>13R703</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - ENTIRE BUILDING</b><br>B. WING _____                          | (X3) DATE SURVEY COMPLETED<br><br><b>12/08/2011</b> |
|---|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ASHLEY MANOR - HYDE PARK, ASHLEY MAN</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1908 NORTH 13TH STREET<br/>BOISE, ID 83702</b> |   |   |
| (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 fire and life safety requirements of IDAPA 16.03.22 Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on December 8, 2011.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS<br/>Health Facility Surveyor<br/>Facility Fire/Life Safety &amp; Construction Program</p> | R 000  |   |   |

Bureau of Facility Standards

TITLE

(X6) DATE

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