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: 208-364-1962
FAX: 208-364-1888

March 13, 2014

Jeanie Wilcox-Navarro, Administrator
Ashley Manor - Harmony
2703 Harmony Avenue
Boise, Idaho 83703

License #: RC-556

Ms. Wilcox-Navarro:

On January 28, 2014, a complaint investigation was conducted at Ashley Manor - Harmony. 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.

Your submitted evidence of resolution are being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Megan McPhillips RN, BSW for

RACHEL COREY, RN
Team Leader
Health Facility Surveyor

RC/sc

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

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February 6, 2014

Jeanie Wilcox-Navarro, Administrator
Ashley Manor - Harmony, Ashley Manor LLC
2703 Harmony Avenue
Boise, Idaho 83703

Dear Ms. Wilcox-Navarro:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - Harmony, Ashley Manor LLC between January 27, 2014 and January 28, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006284

Allegation #1: The administrator did not immediately notify Adult Protection when an allegation of abuse was made known.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.05 for the administrator not immediately reporting an allegation of abuse to Adult Protection. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not give a resident a 30 day discharge notice.

Findings #2: The resident's record, documented on 11/15/13, the resident was discharged from the facility to a hospital due to having a significant change of condition.

On 1/27/14 at 2:20 PM, the administrator stated the facility had planned on re-admitting the resident upon her discharge from the hospital. She stated, they were not able to contact the resident's power of attorney to complete the re-admission paperwork.

Substantiated. However, the facility was not cited as it could not be determined, the facility acted out of accordance to IDAPA 16.03.22.152.05.b, for which a 30 day discharge notice was not required.

Allegation #3: The facility was not maintained in a clean manner.

Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for not maintaining the facility in a clean manner. 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 **January 28, 2014**. 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) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

RACHEL COREY, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

RC/sc

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

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February 6, 2014

Jeanie Wilcox-Navarro, Administrator
Ashley Manor - Harmony, Ashley Manor LLC
2703 Harmony Avenue
Boise, Idaho 83703

Dear Ms. Wilcox-Navarro:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - Harmony, Ashley Manor LLC between January 27, 2014 and January 28, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006259

Allegation #1: Residents were neglected as they were not assisted to change clothes or bathe for extended periods of time.

Findings #1: On 1/27/14 between 9:00 AM and 3:15 PM, observations of residents were conducted. Twelve residents were present. Ten residents were observed to be clean, and odor free. One resident was detected to have an odor present and one resident was observed to be unkempt. Three residents were observed being toileted frequently throughout the day. Two residents were observed being assisted to shower, and one resident was observed to be cued to shower and change into clean clothing. On 1/28/14, at 8:40 AM, all residents were observed again. All residents but one, were observed to be wearing different clothes than the day before. One resident was observed wearing the same shirt, but stated he preferred to change clothes after breakfast.

During the survey, a guardian, a hospice caregiver, and a case worker were interviewed. All stated, they observed residents groom appropriately during their visits to the facility. The guardian and caseworker for two of the residents, stated the residents could be resistive to assistance with grooming and would occasionally miss their showers.

On 1/27/14 at 10:55 AM, a caregiver stated some residents were resistive to cares, but staff could usually re-approach at a later time with success. She recalled one resident wearing the same clothes for "a day and a half," but did not recall any residents going extended periods of time without bathing or changing clothes.

On 1/28/14 at 9:50 AM, a family member stated her loved one was well groomed on most occasions, but there was one instance where her loved one was observed to smell like urine. The family member stated she notified staff of her observation and they assisted the resident to change clothing.

Documentation was reviewed for four sampled residents. Activity of daily living (ADL) sheets documented two residents refused showers routinely. There was no documentation indicating what the facility did each time the residents refused cares. The other two sampled residents' ADL sheets documented staff assisted residents with their grooming needs in accordance with their NSAs (Negotiated Service Agreements).

Unsubstantiated. It could not be determined that residents were neglected with their care needs. However, the facility received three deficiencies regarding not developing behavior management plans for residents who refused cares. Additionally, the facility received a deficiency for not implementing a resident's NSA, regarding re-approaching a resident each time he refused showers.

Allegation #2: Medications were not implemented as ordered by the physician.

Findings #2: On 1/27/14 and 1/28/14, three sampled residents' records were reviewed for medication usage. The residents' medication assistance records (MARs) were compared with their physician orders, and the medications present at the facility. All were observed to be congruent. One closed record, documented a resident was not assisted with a medication ordered on 10/14/13. However, the record documented the physician was faxed on 1/15/13 for clarification. The resident was discharged on 10/16/13.

On 1/27/13 at 11:05 AM, a medication aide stated she was unaware of time when medications were not available as ordered. She stated, there were some instances when medication orders were delayed, due to the need to have them clarified.

On 1/27/13 at 2:15 PM, the administrator stated the facility had several systems in place to ensure medications were implemented accurately. The RN reviewed medication usage weekly, and medications were compared with MARs and physician orders at least monthly. She further stated, she ran computer reports daily to ensure all medications were implemented.

On 1/27/13, three interviewable residents stated they did not have any medication concerns.

On 1/27/14 and 1/28/14, a hospice worker, a guardian, a case worker and family member were interviewed. They did not have any medication concerns.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #3: The facility was not maintained in a clean and sanitary manner.

Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for not maintaining the facility in a clean and orderly manner. 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 **January 28, 2014**. 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) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

RACHEL COREY, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

RC/sc

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

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February 6, 2014

Jeanie Wilcox-Navarro, Administrator
Ashley Manor - Harmony, Ashley Manor LLC
2703 Harmony Avenue
Boise, Idaho 83703

Dear Ms. Wilcox-Navarro:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - Harmony, Ashley Manor LLC between January 27, 2014 and January 28, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006289

Allegation #1: The exterior of the facility was not maintained in a clean orderly manner.

Findings #1: On 1/27/14 and 1/28/14, the exterior of the facility was observed to be clean, orderly and well-maintained. Four trash cans were in the back yard and were observed to sufficiently contain the trash.

On 1/27/14 between 9:00 AM and 11:15 AM, the administrator and two caregivers were interviewed. They stated the trash cans sufficiently contained the trash and the trash cans were promptly removed after trash day.

On 1/27/14 and 1/28/14, a hospice worker, a family member, a guardian and a case worker were interviewed. They stated they observed the exterior of the facility being well maintained during their visits and they had never seen trash on the premises.

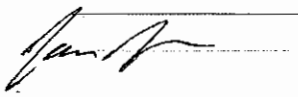
On 1/27/14, the complaint log was reviewed and did not contain any complaints regarding the cleanliness of the exterior.

On 1/28/14 at 8:52 AM, the ombudsman stated she did not have concerns regarding the maintenance of the exterior of the facility.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,



RACHEL COREY, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

RC/sc

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

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P.O. Box 83720
Boise, ID 83720-0036
(208) 364-1962 Fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues Punch List

Facility	License #	Physical Address		Phone Number
Ashley Manor - Harmony	RC-556	2703 Harmony Ave		(208) 331-9228
Administrator	**City**		**ZIP Code**	**Survey Date**
Jeanie Wilcox-Navarro	Boise		83706	January 28, 2014
Survey Team Leader	**Survey Type**			**RESPONSE DUE:**
Rachel Corey	Complaint Investigation and Follow-up			February 27, 2014
Administrator Signature	**Date Signed**			
[illegible]	1-28-14			

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Department Use Only: Initials
1	225.01. a-g	The facility did not evaluate Resident #1 and #4's behaviors, such as refusing cares.	3-11-14	[illegible]
2	225.02. a-c	The facility did not develop specific interventions for Resident #1s and #4's behaviors.	3-11-14	[illegible]
3	260.06	The facility was not maintained in a clean manner. The carpet throughout the facility was observed soiled, stained, and speckled with debris. Several residents' trash cans were observed full. The laminate floor was observed with a sticky film in rooms #1, #4, #9 & #5. Odors were present in rooms #1, #3, #5 & #7.	3-11-14	[illegible]
4	320.01	Resident #1's NSA was not implemented regarding re-approaching him to shower after his refusals. **Previously Cited on 8/8/13*	3-11-14	[illegible]
5	350.05	The administrator did not immediately notify Adult Protection when an allegation of abuse was made known.	3-11-14	[illegible]
6	711.01. a-c	The facility did not track Resident #1's behaviors to include the time of the behavior, the intervention used and the effectiveness.	3-11-14	[illegible]
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