



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
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March 12, 2014

Dionne Bullock, Administrator
Ashley Manor - Buttercup Trail
1210 Buttercup Trail
Kimberly, Idaho 83341

Dear Ms. Bullock:

Congratulations to both you and your staff on your recent state licensure which was conducted at Ashley Manor - Buttercup Trail on March 7, 2014. No deficiencies were cited during the survey which qualifies you for a *Gold Excellence in Care Award*.

With this award, you have joined the exclusive ranks of just a handful of Idaho Residential Care Assisted Living Facilities that meet this exceptional standard of care. Thank you for you and your staff's dedication to providing excellent care and ensuring the residents you serve receive superior services and live in a clean, safe and home-like environment.

Again, congratulations to you and your staff on this tremendous achievement.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R990	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/07/2014
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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - BUTTERCUP TRAIL	STREET ADDRESS, CITY, STATE, ZIP CODE 1210 BUTTERCUP TRAIL KIMBERLY, ID 83341
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(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
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R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure and follow-up survey conducted on 3/6/2014 through 3/7/2014 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____