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: 208-334-6626
FAX: 208-364-1888

July 23, 2013

Sharla Wilson, Administrator
Ashley Manor - Hyde Park, Ashley Manor LLC
1908 North 13th Street
Boise, ID 83702

License #: RC-703

Dear Ms. Wilson:

On May 28, 2013, a complaint investigation survey was conducted at Ashley Manor - Hyde Park, 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.

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 no recur.

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

Sincerely,

Polly Watt - [illegible], MSW for

Donna Henscheid, LSW
Team Leader
Health Facility Surveyor

DH/tfp

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

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June 18, 2013

Sharla Wilson, Administrator
Ashley Manor - Hyde Park, Ashley Manor LLC
1908 North 13th Street
Boise, ID 83702

Dear Ms. Wilson:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - Hyde Park, Ashley Manor LLC on May 28, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006003

Allegation #1: Residents were not being assisted with toileting as outlined in their Negotiated Service Agreements.

Findings #1: There was insufficient evidence available to substantiate this allegation.

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 schedule sufficient staff to assist residents who required two people to assist with transfers.

Findings #2: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.600.06.a for the administrator not ensuring there was sufficient staff scheduled to meet the residents' needs. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: Staff were unable to communicate with all residents.

Findings #3: There was insufficient evidence available to substantiate this allegation.

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

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 **May 28, 2013**. 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,

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/tfp

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

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June 18, 2013

Sharla Wilson, Administrator
Ashley Manor - Hyde Park, Ashley Manor LLC
1908 North 13th Street
Boise, ID 83702

Dear Ms. Wilson:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - Hyde Park, Ashley Manor LLC on May 28, 2013. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005900

Allegation #1: The facility retained a resident who had agressiver behaviors and the facility could not meet his needs.

Findings #1: There was no evidence available to substantiate this allegation.

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

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,

Donna Henscheid

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/tfp

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

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June 18, 2013

Sharla Wilson, Administrator
Ashley Manor - Hyde Park, Ashley Manor LLC
1908 North 13th Street
Boise, ID 83702

Dear Ms. Wilson:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - Hyde Park, Ashley Manor LLC between May 28, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005828

Allegation #1. The facility did not provide showers to the residents as care planned.

Findings #1: On 5/28/13 between 9:00 AM and 3:00 PM, five of seven current residents were interviewed and stated they had no problems with getting showers as requested. Further, two current staff members stated they had heard about previous problems with showers, but stated they were able to accomplish all residents' showers as outlined in their Negotiated Service Agreements.

Substantiated. However, not cited as the facility was currently able to meet all the residents' showering needs.

Allegation #2. The facility's hot water was not maintained at appropriate temperatures.

Findings #2: On 5/28/13, the facility's water temperatures were tested in three different resident's rooms. All water temperatures were between 105 and 120 degrees Fahrenheit, which met state rules.

On 5/28/13, two caregivers and the administrator stated they were not aware of any problems with water temperatures.

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

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

Findings #3: On 5/28/13, a tour of the facility was conducted. The facility kitchen and common areas were observed to be clean and tidy. Two residents' rooms were clean and odor free, but the carpeting was littered with debris.

On 5/28/13 between 9:00 AM and 3:00 PM, seven residents were interviewed. Six of seven residents stated the facility was kept clean and orderly. Two residents stated they heard the vacuum was broken.

On 5/38/13, the house manager stated the vacuum was broken and a new one was on order.

Unsubstaniated. However, the facility was issued a non-core deficiency at IDAPA 16.03.22.260.06 for not having a vaccuum available to clean residents' carpets.

Allegation #4: There was not food available to meet the planned menu.

Findings #4: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.455 for not having food items available to meet the planned menu. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: The facility did not maintain a two-day perishable food supply.

Findings #5: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.455 for not having a two-day perishable food supply. However, the facility corrected the problem on 5/28/13 prior to the survey exit.

Allegation #6: Residents did not receive their medications as ordered.

Findings #6: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.305.02 for not implementing order changes and signing that medications were given that were not ordered. 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 **May 28, 2013**. 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,

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/tfp

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

Reset Form | Print Form

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
Ashely Manor - Hyde Park	1098 N. 13th Stree	208-424-8107
Administrator	**City**	**Zip Code**
Sharla Wilson	Boise	83702
Team Leader	**Survey Type**	**Survey Date**
Donna Henscheid	Complaint	05/28/13

NON-CORE ISSUES

1	250.15	The facility did not have an operable call system in place.	7/15/13 DH
2	260.06	The following environmental issues were identified: The facility's vacuum was broken and the carpet in some rooms had litter on them,,	7/15/13 DH
		closet doors were not functional or properly hung, the shower in bathroom #1 was broken, the toilet in bathroom #2 clogs easily, bedding	
		was soiled in two residents' rooms, and paint was chipped on the porch and railings.	
3	305.02	Resident #4's medication was increased, but staff did not implement the change in dosage. Staff signed they had given medications that	7/15/13 DH
		were not ordered for Resident #3 and did not sign that all medications were given as ordered for a discharged resident.	
4	310.01.f	Staff did not observe residents take their medications.	7/15/13 DH
5	455	The facility did not have a 2 day perishable food supply. (COS 5/28/13) The facility did not have food items necessary to meet the planned	7/15/13 DH
		menu.	
6	600.06.a	The administrator did not ensure there was sufficient staffing to meet Resident #2's need for a two-person assist with transfers.	7/15/13 DH

Response Required Date	Signature of Facility Representative	Date Signed
06/27/13		6-28-13