



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

DEBBY RANSOM, R.N., R.H.I.T. - Chief
BUREAU OF FACILITY STANDARDS
3232 Eder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

June 19, 2013

Pam Lenerville, Administrator
Ashley Manor Care Centers Inc. - Highmont
11099 Highmont Drive
Boise, ID 83713

License #: Rc-598

Dear Ms. Lenerville:

On May 8, 2013, a Fire Life Safety Survey was conducted at Ashley Manor Care Centers Inc. - Highmont. 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.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

Taylor Barkley
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lg

COPY



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May 22, 2013

Pam Lenerville, Administrator
Ashley Manor Care Centers Inc. - Highmont
11099 Highmont Drive
Boise, ID 83713

Dear Ms. Lenerville:

On May 8, 2013, a Fire Life Safety Survey was conducted at Ashley Manor Care Centers Inc. - Highmont. 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.

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 June 8, 2013.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark P. Grimes". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

MARK P. GRIMES, Supervisor
Facility Fire Safety & Construction Program

MPG/nm
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R598	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2013
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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - HIGHM	STREET ADDRESS, CITY, STATE, ZIP CODE 11099 HIGHMONT DRIVE BOISE, ID 83713
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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 facility was found to be in substantial compliance with the life safety code requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard life safety code survey conducted on May 8, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		
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Bureau of Facility Standards TITLE (X6) DATE

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



Facility Name Ashley Manor Highmont	Physical Address 11099 Highmont Dr.	Phone Number 208-377-4107
Administrator PAM Levenville	City Boise Id	ZIP Code 83713
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 5-8-13

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	403.02	The three half doors to the kitchen are equipped with double sided keyed deadbolts.	6-7-13	TB
2	410.02	The facility did not conduct one drill per shift per quarter.	5-10-13	TB
3	415.03	The last documented portable fire extinguisher monthly inspection was in December 2012.	6-7-13	TB
4	415.02	The last documented Annual fuel fired heating inspection was on February 16, 2012.	6-6-13	TB
5	250.15	The wireless call system in the facility is inoperable.	6-7-13	TB
6	415.04	The last documented monthly fire alarm inspection and test was on February 10, 2013.	5-10-13	TB

Response Required Date 6-8-13	Signature of Facility Representative <i>[Signature]</i>	Date Signed 5/8/13
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