



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 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

July 29, 2013

Reba Curtis, Administrator  
Ashley Manor - Cloverdale, Ashley Manor LLC  
3749 North Cloverdale Road  
Boise, ID 83713

License #: RC-555

Dear Ms. Curtis:

On June 17, 2013, a Fire Life Safety Survey was conducted at Ashley Manor - Cloverdale, 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.

This office is accepting your submitted evidence of resolution.

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

Sincerely,

TAYLOR BARKLEY  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/nm



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June 27, 2013

Reba Curtis, Administrator  
Ashley Manor - Cloverdale, Ashley Manor, LLC  
3749 North Cloverdale Road  
Boise, ID 83713

Dear Ms. Curtis:

On June 17, 2013, a Fire Life Safety Survey was conducted at Ashley Manor - Cloverdale, Ashley Manor LLC. 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 July 19, 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', with a long horizontal line 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:  <b>13R555</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - ENTIRE BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/17/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASHLEY MANOR - CLOVERDALE, ASHLEY M,</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3749 NORTH CLOVERDALE ROAD BOISE, ID 83713</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 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 June 17, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <i>Ashley Manor Cloverdale</i>	Physical Address <i>3749 Cloverdale</i>	Phone Number <i>208-377-4929</i>
Administrator <i>Reba Curtis</i>	City <i>Boise, Id</i>	ZIP Code <i>83713</i>
Survey Team Leader <i>Taylor Barkley</i>	Survey Type	Survey Date <i>6-17-13</i>

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	403.02	The door to the kitchen is equipped with a double sided keyed deadbolt.	6-19-13	7B
2	415.03	The last monthly fire extinguisher inspection documented on the extinguisher tags was on April 2, 2013.	6-17-13	7B
3	250.15	The facility does not have a call system available for residents. The wireless system is not functional and all of the pendants are being stored in the office.	7-26-13	7B
4	415.02	The last annual fuel fired heating inspection was on February 16, 2012.	6-19-13	7B
		Item # 4 is a repeat deficiency previously cited on MAY 1, 2012.		

Response Required Date <i>7-17-13</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>6-17-13</i>
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