



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

August 27, 2014

Maria Torres, Administrator
Ashley Manor - Middleton
620 West 9th Street North
Middleton, Idaho 83644

Provider ID: RC-843

Ms. Torres:

On June 27, 2014, a state licensure/follow-up and complaint investigation were conducted at Ashley Manor - Middleton. 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 is 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 Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor

DH/sc

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



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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

July 9, 2014

Maria Torres, Administrator
Ashley Manor - Middleton
620 West 9th Street North
Middleton, Idaho 83644

Provider ID: RC-843

Ms. Torres:

A state licensure/follow-up survey and complaint investigation were conducted at Ashley Manor - Middleton between June 24, 2014 and June 27, 2014. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

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 **June 27, 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.

Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 364-1962. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

DONNA HENSCHIED, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R843	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/27/2014
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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - MIDDLETON	STREET ADDRESS, CITY, STATE, ZIP CODE 620 WEST 9TH STREET NORTH MIDDLETON, ID 83644
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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
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure survey and complaint investigation conducted June 24, 2014 through June 27, 2014 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN, BSN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Facility ASHLEY MANOR - MIDDLETON	License # RC-843	Physical Address 620 WEST 9TH STREET NORTH	Phone Number (208) 585-2310
Administrator Maria Torres	City MIDDLETON	ZIP Code 83644	Survey Date June 27, 2014
Survey Team Leader Donna Henscheid	Survey Type Licensure and Complaint Investigation	RESPONSE DUE: July 27, 2014	
Administrator Signature <i>Maria J. Maluca</i>	Date Signed <i>6-27-14</i>		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	1 of 2 current employees who required an Idaho State Police background check did not have one.	<i>COG</i>	<i>6/27/14</i>
2	210.01	The facility did not provide an ongoing activity program. For example only two activities (TV watching and two residents playing with a plastic golf set) were observed during two days of survey.	<i>8/26/14</i>	<i>DN</i>
3	225.01	The facility did not evaluate behaviors for Residents #2, #4 and 2 random residents.	<i>8/26/14</i>	<i>DN</i>
4	225.02	The facility did not develop interventions for residents' behaviors.	<i>8/26/14</i>	<i>DN</i>
5	260.05.b	The facility's linen was torn and stained.	<i>7/28/14</i>	<i>DN</i>
6	260.05.c	Residents' linen was not handled or processed in a manner that prevented contamination.	<i>7/28/14</i>	<i>DN</i>
7	260.06	The facility was not maintained in a clean and orderly manner. Upon tour at 2:00 PM, 1 resident's bed had no sheets and the bedspread had a brown "smear" on it, a pillow was observed without a pillowcase, several bathroom trash cans were full (some with soiled Attends and protective covers), bathroom floors were "sticky," several beds were unmade, packages of Attends were piled on the floor. Over the next two days, the bedspread was still "smeared" with a brown substance, beds were not appropriately made (a resident was observed sleeping on plastic), a large area of dried urine was observed in a bathroom, several more pillows were seen without cases, a bedspread was losing its "stuffing," a fitted sheet was torn, the dining room was used as a storage area (broken chairs, wheelchairs and residents' personal items) and a wash cloth that had a "wad" of hair and a very strong odor of urine was draped over the residents' spa.	<i>7/28/14</i>	<i>DN</i>
8	305.03	There was no evidence the facility nurse assessed residents when they had changes in their condition. For example, Residents #1, #2, #3 and #6's wounds, bruises on Resident #3's wrists, Resident #4's feet, and Resident #6's weight loss.	<i>8/26/14</i>	<i>DN</i>
9	305.08	There was no documentation the facility nurse provided training to unlicensed staff regarding how to prevent pressure ulcers, how to respond to residents low oxygen levels and other health related complaints.	<i>8/26/14</i>	<i>DN</i>
10	310.03	The facility did not track controlled substances.	<i>8/26/14</i>	<i>DN</i>
11	320.01	Residents #2's NSA was not updated to reflect his current needs and Resident #3's NSA was not implemented.	<i>8/26/14</i>	<i>DN</i>



Facility ASHLEY MANOR - MIDDLETON	License # RC-843	Physical Address 620 WEST 9TH STREET NORTH	Phone Number (208) 585-2310
Administrator Maria Torres	City MIDDLETON	ZIP Code 83644	Survey Date June 27, 2014
Survey Team Leader Donna Henscheid	Survey Type Licensure and Complaint Investigation	RESPONSE DUE: July 27, 2014	
Administrator Signature <i>Maria Smalua</i>	Date Signed <i>6-27-2014</i>		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only:	
			EOR Accepted	Initials
12	335.03	The facility did not practice good infection control. There were several residents' rooms without paper towels, staff carried dirty linen against their clothing and improper hand washing was observed.	<i>7/28/14</i>	<i>DH</i>
13	350.02	The administrator did not complete an investigation of bruises of unknown origin and other injuries of Residents #1, #2 and #3.	<i>7/28/14</i>	<i>DH</i>
14	350.04	The administrator did not respond to complainants in writing within 30 days.	<i>7/28/14</i>	<i>DH</i>
15	405.05	The facility's equipment was not maintained in a safe manner to include a toaster that was not fully functional, the drawers on a dresser were off track, dining chairs were broken and a missing toilet seat.	<i>7/28/14</i>	<i>DH</i>
16	450.	The kitchen did not meet the standards of the Idaho Food Code.	<i>7/28/14</i>	<i>DH</i>
17	600.05	The facility administrator did not provide sufficient supervision to ensure the environment was clean, facility staff and outside agency staff followed proper infection control techniques, residents were supervised during meal times, staff maintained appropriate personal boundaries with residents and residents' clothing was not comingled or lost.	<i>8/26/14</i>	<i>DH</i>
18	630.01	3 of 5 staff did not have evidence of dementia training.	<i>7/28/14</i>	<i>DH</i>
19	603.04	3 of 5 staff did not have evidence of training in traumatic brain injury.	<i>7/28/14</i>	<i>DH</i>
20	711.01	The facility did not track residents' behaviors.	<i>8/26/14</i>	<i>DH</i>
21	711.08.b	Facility caregivers did not document that wound care was done and PRN medications were given for Resident #1 and #6.		
22	711.08.c	There was no documentation of all accidents and incidents. For example Resident #1's foot injury and possible fall.	<i>7/29/14</i>	<i>DH</i>
23	711.08.e	Facility staff not did document if they notified the facility RN about Resident #1's pressure ulcers, Resident #2's pressure ulcer, and Resident #6's low oxygen levels.	<i>7/28/14</i>	<i>DH</i>
24				
25				
26				
27				



IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
 3232 W. Elder Street, Boise, Idaho 83705
 208-334-6626

Critical Violations Noncritical Violations

Establishment Name <i>Ashley Manor at Middleton</i>		Operator <i>Maria Torres</i>	
Address <i>620 W. 9th St N</i>			
County <i>CANVON</i>	Estab #	EHS/SUR.#	Inspection time: Travel time:
Inspection Type:	Risk Category: <i>High</i>	Follow-Up Report: OR	On-Site Follow-Up: Date: Date:

# of Risk Factor Violations	<u>1</u>	# of Retail Practice Violations	<u>1</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>1</u>	Score	<u>1</u>
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection		A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection	

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection.

Demonstration of Knowledge (2-102)		COS	R
<input checked="" type="checkbox"/> N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health (2-201)			
<input checked="" type="checkbox"/> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices			
<input checked="" type="checkbox"/> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination			
<input checked="" type="checkbox"/> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
<input checked="" type="checkbox"/> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination			
<input checked="" type="checkbox"/> N	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

Potentially Hazardous Food Time/Temperature		COS	R
<input checked="" type="checkbox"/> N	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	17. Cooling (3-501)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
<input checked="" type="checkbox"/> N	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
<input checked="" type="checkbox"/> N	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
Chemical			
<input checked="" type="checkbox"/> N	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures			
<input checked="" type="checkbox"/> N	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance N = no, not in compliance
 N/O = not observed N/A = not applicable
 COS = Corrected on-site R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Mozzarella + Cheese</i>	<i>49.1</i>	<i>Fridge</i>					
<i>Vegetable Beef soup</i>	<i>44.1</i>	<i>Fridge</i>					

GOOD RETAIL PRACTICES (X = not in compliance)

	COS	R		COS	R		COS	R
<input type="checkbox"/> 27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 34. Food contamination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49. Other	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) <i>Maria Torres</i> (Print) <i>Maria Torres</i>	Title <i>Adm</i>	Date <i>7-7-14</i>
Inspector (Signature) <i>Denise Henschel</i> (Print) <i>Denise Henschel</i>	Date <i>7/7/14</i>	Follow-up: (Circle One) <input checked="" type="radio"/> Yes <input type="radio"/> No



Residential Assisted Living Facility Program, Medicaid L & C
3232 W. Elder Street, Boise, Idaho 83705
208-334-6626

Page _____ of _____
Date _____

Establishment Name <i>Ashley Manor at Middleton</i>	Operator <i>Maria Torres</i>
Address <i>620 W 9th St. N</i>	
County/Estab # <i>Canyon</i>	EHS/SUR.# License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#17 A large ceramic container of macaroni and cheese temped at 49.1°. It was placed in the refrigerator and not properly cooled. Training was conducted on 6/30/14 on proper cooling techniques, but it was still not properly cooled. COB Training conducted by survey staff and container of macaroni and cheese was disposed of.

#34 An ice scoop was stored in with the ice. Training was conducted on 6/30/14 on proper storage of scoop. However, the scoop was found lying on the ice again by survey staff. COB Training was conducted by survey staff and container of ice disposed of.

Person in Charge <i>Maria Torres</i>	Date <i>7-14</i>	Inspector <i>Donna Herckhoff</i>	Date <i>7/7/14</i>
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IDAHO DEPARTMENT OF

HEALTH & WELFARE Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
 3232 W. Elder Street, Boise, Idaho 83705
 208-334-6626

Critical Violations

Noncritical Violations

Establishment Name <u>Ashley Manor - Middleton</u>		Operator <u>Maria Torres</u>	
Address <u>1020 W. 9th St. N</u>		<u>Middleton</u>	
County <u>Canyon</u>	Estab #	EHS/SUR.#	Travel time:
Inspection Type:	Risk Category: <u>High</u>	Follow-Up Report: OR	On-Site Follow-Up:
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.		Date:	Date:

# of Risk Factor Violations	<u>5</u>	# of Retail Practice Violations	<u>3</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>5</u>	Score	<u>3</u>
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection		A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection.	

RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection.

	Demonstration of Knowledge (2-102)	COS	R
Y (N)	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health (2-201)		
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
Y (N)	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
(Y) N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
Y (N) N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
Y (N) N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	13. Returned / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
(Y) N N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/O) N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
Y (N) N/O N/A	17. Cooling (3-501)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) (N) N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O (N/A)	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
(Y) N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
Y N N/O (N/A)	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
Y N (N/A)	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
Y N (N/A)	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance N = no, not in compliance
 N/O = not observed N/A = not applicable
 COS = Corrected on-site R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chicken noodle soup in fridge	50.7°	hamburgers	170°				

GOOD RETAIL PRACTICES (X = not in compliance)

	COS	R		COS	R		COS	R
<input type="checkbox"/> 27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49. Other	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) <u>Donna Heuschel</u>	(Print) <u>Donna Heuschel</u>	Title	Date <u>6/27/14</u>	Follow-up: (Circle One) <u>Yes</u> No
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Residential Assisted Living Facility Program, Medicaid L & C
3232 W. Elder Street, Boise, Idaho 83705
208-334-6626

Page 2 of 2
Date 6/27/14

Establishment Name <i>Astley Manor</i>	Operator <i>Maria Torres</i>	
Address <i>630 W. 9th St. N</i>		
County Estab # <i>Canyon</i>	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

1. The kitchen staff did not have knowledge of the Idaho Food Code.
5. Staff were observed to don and remove gloves without proper hand washing. They recontaminated their hands at the end of the handwashing process by turning off the faucet with bare hands.
16. Hamburgers was thawing in the refrigerator without being in a container and was placed over ready to eat foods.
19. The facility did not use a sanitizer for food contact areas.
17. A large container of soup was not cooled properly and held at 50-70 for more than 6 hours. COS - the soup was disposed of the 2nd day.
34. Food was stored (ready to eat) under the paper towel dispenser. The ice scoop was stored in the ice. Staff were observed to carry linen ~~was~~ soiled with human waste into the food prep area.
43. The facility did not have a thermometer that could test the internal temperature of food.
45. Wiping cloths were not stored in a sanitizing solution.

Person in Charge <i>Maria L Molina</i>	Date <i>6/27/14</i>	Inspector <i>Donna Hanschick</i>	Date <i>6/27/14</i>
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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

July 9, 2014

Maria Torres, Administrator
Ashley Manor - Middleton
620 West 9th Street North
Middleton, Idaho 83644

Provider ID: RC-843

Ms. Torres:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - Middleton between June 24, 2014 and June 27, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006312

Allegation #1: Facility equipment was not maintained in good repair.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.405.05 for not maintaining the facility's equipment in a safe manner. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility staff were not trained on what to do if the building needed to be evacuated.

Findings #2: Unsubstantiated. However, the facility was provided technical assistance regarding the need to assess residents and facility staffing on an ongoing basis, to ensure that all residents could be evacuated from the building in the event of an emergency.

Allegation #3: The facility administrator did not schedule enough staff to meet residents' needs.

Findings #3: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven. However, the facility was cited at IDAPA 16.03.22.260.06 and 16.03.22.600.05 for not maintaining a clean living environment.

Allegation #4: The facility did not assist residents with PRN (as needed) medications as ordered.

Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.711.08.b for not documenting when PRN medications were given. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: The facility nurse was not notified when residents had changes of condition.

Findings #5: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.711.08.e for not documenting the facility nurse was notified of residents' changes of condition. The facility was required to submit evidence of resolution within 30 days.

Allegation #6: Medication aides were not trained on how to respond to residents' complaints of dizziness or low blood oxygen saturation levels.

Findings #6: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.08 for not documenting staff were trained on how to respond to the residents needs; including pressure ulcers, low oxygen levels and other health related complaints. The facility was required to submit evidence of resolution within 30 days.

Allegation #7: Employees were forced to work when they were sick.

Findings #7: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #8: The facility did not appropriately track controlled substances.

Findings #8: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.310.03 for not appropriately tracking controlled substances. The facility was required to submit evidence of resolution within 30 days.

Allegation #9: The facility did not ensure residents' belongings were not co-mingled.

Findings #9: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.05 for the administrator not providing supervision to ensure residents' clothing was not co-mingled. The facility was required to submit evidence of resolution within 30 days.

Allegation #10: The facility was not maintained a clean and orderly manner.

Findings #10: 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.

Allegation #11: The facility did not follow the scheduled menu due to an inadequate food supply.

Findings #11: Unsubstantiated. However, technical assistance was provided to ensure milk was offered to residents at each meal as outlined on the menus.

Maria Torres, Administrator

July 9, 2014

Page 3 of 3

Allegation #12: The evening meal and breakfast were served more than 14 hours apart.

Findings #12: Unsubstantiated. Serving breakfast at 7:00 AM and supper at 5:00 PM meets the 14 hour between meal time-frame rule. However, the facility was provided technical assistance to maintain a set meal schedule and to review IDAPA 16.03.22.460.02.a-d.

Allegation #13: The facility did not give residents their mail in a timely manner.

Findings #13: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #14: The administrator did not respond to complaints in writing.

Findings #14: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.08 for not providing a written response to complaints. The facility was required to submit evidence of resolution within 30 days.

Allegation #15: The administrator did not provide appropriate supervision to staff.

Findings #15: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.05 for not providing sufficient supervision to staff. 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 **June 27, 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,



DONNA HENSCHIED, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/sc

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