



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

September 12, 2014

Cathy McKay, Administrator  
Ashley Manor - Parkview Drive  
1818 Parkview Drive  
Twin Falls, Idaho 83301

Provider ID: RC-1071

Ms. McKay:

On July 9, 2014, an initial state licensure survey and complaint investigation were conducted at Ashley Manor - Parkview Drive. 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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July 22, 2014

Cathy McKay, Administrator  
Ashley Manor - Parkview Drive, Ashley Manor LLC  
1818 Parkview Drive  
Twin Falls, Idaho 83301

Provider ID: RC-1071

Ms. McKay:

An initial state licensure survey and complaint investigation were conducted at Ashley Manor - Parkview Drive, Ashley Manor LLC between July 7, 2014 and July 9, 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 **July 9, 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:  <b>13R1071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/09/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ASHLEY MANOR - PARKVIEW DRIVE, ASHLEY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1818 PARKVIEW DRIVE TWIN FALLS, ID 83301</b>
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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 initial licensure and complaint investigation survey conducted on 07/07/14 through 07/09/14 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathley, LSW 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 \_\_\_\_\_

Facility ASHLEY MANOR - PARKVIEW DRIVE, ASHLEY MANOR LLC	License # RC-1071	Physical Address 1818 PARKVIEW DRIVE	Phone Number (208) 933-4404
Administrator Paula Morgan	City TWIN FALLS	ZIP Code 83301	Survey Date July 9, 2014
Survey Team Leader Donna Henscheid	Survey Type Initial Licensure and Complaint Investigation		RESPONSE DUE: August 8, 2014
Administrator Signature <i>Paula Morgan</i>	Date Signed 7/9/14		

**NON-CORE ISSUES**

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	009.01	A nurse hired by a family did not have evidence of a completed criminal history and background check.	8/25/14	DH
2	009.06.c	Two employees did not have evidence of a state police background check.	8/25/14	DH
3	305.03	The facility nurse document a nursing assessment was conducted when residents had a change of condition. For example: The status of Resident #1's wound, Resident #5 after he fell and hit his head and Resident #1's 9 pound weight loss.	9/4/14	DH
4	350.02	The administrator did not conduct an investigation when a random resident had bruises on his back of an unknown origin.	9/4/14	DH
5	350.05	The administrator did not ensure Adult Protection was notified immediately when bruises of an unknown origin were found on a random resident's back.	9/4/14	DH
6	600.05	The administrator did not provide supervision to ensure Resident #7 was wearing his ted hose as ordered.	9/4/14	DH
7	711.08.e	The caregivers did not document they had notified the nurse of residents' changes of condition.	9/4/14	DH
8	711.08.f	Home health and hospice notes were not found in the residents' records.	9/4/14	DH
9	711.11	There was no documentation why Resident #1's B12 and insulin injections were not given.	9/4/14	DH
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RECEIVED  
AUG - 4 2014  
DIV OF LIC & CERT  
9/4/14



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</u>		Operator <u>Paula Morgan</u>	
Address <u>1818 Parkview Twin Falls</u>			
County <u>Twin Falls</u>	Estab # <u>1818</u>	EHS/SUR.#	Inspection time: _____ Travel time: _____
Inspection Type:		Risk Category: <u>High</u>	Follow-Up Report: OR On-Site Follow-Up: Date: _____ Date: _____
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.			

# of Risk Factor Violations <u>3</u>	# of Retail Practice Violations _____
# of Repeat Violations <u>0</u>	# of Repeat Violations _____
Score <u>3</u>	Score _____
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
<u>Y</u> N	1. Certification by Accredited Program, or Approved Course, or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Employee Health (2-201)</b>		
<u>Y</u> N	2. Exclusion; restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>		
<u>Y</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Control of Hands as a Vehicle of Contamination</b>		
<u>Y</u> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Approved Source</b>		
<u>Y</u> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Protection from Contamination</b>		
<u>Y</u> N <u>N/A</u>	11. Food segregated, separated and protected (3-302)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Returned / reserve; of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>Y</u> N <u>N/O</u> <u>N/A</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Consumer Advisory</b>		
<u>Y</u> N <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
<u>Y</u> N <u>N/O</u> <u>N/A</u>	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Chemical</b>		
<u>Y</u> N <u>N/A</u>	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Conformance with Approved Procedures</b>		
<u>Y</u> N <u>N/A</u>	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
Pork - crock pot	182	mac cheese / ketchup	38	Rice / stove top	202		
Vegetables - stove	178.9	cutting boards / fridge	41				

**GOOD RETAIL PRACTICES (☒ = 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 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 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): <u>Paula Morgan</u> (Print) <u>Paula Morgan</u> Title _____ Date <u>7/9/14</u>	Follow-up: (Circle One) Yes <u>No</u>
Inspector (Signature): _____ (Print) _____ Date <u>7-9-14</u>	



Food Protection Program, Division of Health  
450 W. State Street, Boise, Idaho 83720-0036  
208-334-5938

Page 2 of 2  
Date 7/9/14

Establishment Name <u>Ashley Manor Parkview 1+2</u>	Operator <u>Paula Morgan</u>
Address <u>1814 + 1818 Parkview</u>	<u>Twin Falls</u>
County Estab # <u>High</u>	EHS/SUR # <u>High</u>
	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#6 - staff was observed handing peanut butter sandwiches to residents without gloves -  
Evidence of resolution due 6/19/14 ~~XX~~

#11 - Hamburger was being thawed in the fridge over pudding. COS - Staff educated - hamburgers placed in bottom of the fridge -

#22 - The facility did not have a consumer advisory posted for undercooked eggs - COS - Staff educated + a consumer advisory given to the facility

Person in Charge <u>[Signature]</u>	Date <u>7/9/14</u>	Inspector <u>[Signature]</u>	Date <u>7/9/14</u>
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July 22, 2014

Cathy McKay, Administrator  
Ashley Manor - Parkview Drive  
1818 Parkview Drive  
Twin Falls, Idaho 83301

Provider ID: RC-1071

Ms. McKay:

An unannounced, on-site complaint investigation was conducted at Ashley Manor - Parkview Drive between July 7, 2014 and July 9, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006458**

**Allegation #1:** The staff were pre-pouring medication.

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

**Allegation #2:** Residents did not receive their medication or treatments as ordered.

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.605.05 for the administrator not providing supervision to ensure residents received their treatments as ordered. The facility was also issued a deficiency at IDAPA 16.03.22.0711.11 for not documenting if residents received their B-12 injection and insulin, as ordered by the physician. The facility was required to submit evidence of resolution within 30 days.

**Allegation #3:** Residents were left in soiled briefs for extended periods of time.

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

Cathy McKay, Administrator

July 22, 2014

Page 2 of 3

Allegation #4: Staff left residents unsupervised in the building.

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

Allegation #5: Staff did not document disposal of medications properly.

Findings: Substantiated. However, the facility was not cited, but was given technical assistance to implement a process for medication disposal according to IDAPA 16.03.22.310.02.a through f.

Allegation #6: Staff did not allow residents to decide when to go to bed.

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

Allegation #7: The administrator did not investigate or report incidents to Licensing and Certification as required.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.02 for the administrator not conducting an investigation of all accidents and incidents. The facility was required to submit evidence of resolution for the punch list item within 30 days. Further, the facility was provided technical assistance to ensure the staff reported accidents and incidents to Licensing and Certification as required.

Allegation #8: Residents were not assisted with showers.

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

Allegation #9 Residents were not assisted with eating.

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

Allegation #10: The facility nurse did not assess residents after they had a change of condition.

Findings : Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.03 for the facility nurse not conducting an assessment when residents had changes of conditions. The facility was required to submit evidence of resolution within 30 days.

Allegation #11: Residents were not treated with dignity and respect.

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

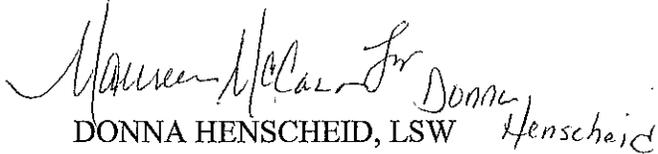
Cathy McKay, Administrator

July 22, 2014

Page 3 of 3

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,

A handwritten signature in cursive script that reads "Maureen McCauley For Donna Henscheid". The signature is written in dark ink and is positioned above the printed name.

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

DH/sc

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