



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
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September 17, 2013

Dionne Bullock, Administrator
Ashley Manor - Buttercup Trail
1210 Buttercup Trail
Kimberly, ID 83341

License #: RC-990

Dear Ms. Bullock:

On August 29, 2013, a Complaint Investigation survey was conducted at Ashley Manor - Buttercup Trail. 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 Matt Hauser, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Matt Hauser
Team Leader
Health Facility Surveyor

MH/ftp

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



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September 6, 2013

Dionne Bullock, Administrator
Ashley Manor - Buttercup Trail
1210 Buttercup Trail
Kimberly, ID 83341

Dear Ms. Bullock:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - Buttercup Trail between August 28 and August 29, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006007

Allegation #1: Residents were not assisted with activities of daily living, such as eating and personal hygiene.

Findings #1: On 8/28/13, three current and two closed resident records were reviewed. Activities of Daily Living (ADL) records documented residents received assistance with their meals and with personal hygiene. The staff as-worked schedule, from 3/2013 through 8/2013, was reviewed and the schedule documented caregivers were staggered to provide extra coverage at meal times.

The three current and two closed residents' records were reviewed for weight loss. The records documented one resident lost two pounds and the other resident lost one pound from 03/2013 to 05/2013. The other three resident records documented they had no significant weight loss.

Between 8/28/13 and 8/29/13, three meals were observed and staff were observed assisting residents who required assistance with eating. During the survey residents were observed to be well groomed. Additionally, staff were observed to appropriately assist residents with their personal hygiene needs.

Four residents who were cognizant were interviewed on 8/28/13. The four residents stated staff assisted them whenever they required assistance. All of the residents further stated, they felt the caregivers did a "good job" assisting them.

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

Allegation #2: The as-worked staff schedule did not reflect the actual staffing pattern

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.730.02 for not documenting the actual staff on duty on each shift. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: Activities were not offered to residents.

Findings #3: On 8/28/13 and 8/29/13 observations were conducted. Staff were observed to engage residents in a ball tossing exercise, parachute games with balls, and a discussion of current events from the newspaper. Those activities were congruent with the posted activity schedule.

Four residents who were cognizant were interviewed on 8/28/13. The four residents stated they were offered activities regularly. None of the residents had any concerns about the quantity of activities offered.

On 8/28/13 at 11:30 AM, the home manager and administrator were interviewed. Both stated residents were offered activities daily, and on some days more than three activities were offered.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #4: The facility's hot water was not hot enough.

Findings #4: On 8/28/13 hot water temperatures were taken from three different locations in the facility. The hot water temperatures were noted to be 114, 112, and 114 degrees, in the three different locations.

Four residents who were cognizant were interviewed on 8/28/13. The four residents stated they did not recall a time when there was a problem with the hot water.

On 8/28/13 at 11:30 AM, the home manager and administrator were interviewed. Both stated they did not recall a time when the hot water was not hot enough.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #5: Food portions were not adequate.

Findings #5: The facility's dietician planned and approved menu was reviewed on 8/28/13. Food portions were noted to be followed by kitchen staff preparing the residents' plated meals. Measuring cups were noted to be used to ensure proper food portions were provided.

Dionne Bullock, Administrator

September 6, 2013

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Three meals were observed between 8/28/13 and 8/29/13. Residents were observed to receive food portions congruent with the planned and approved menu. Additionally, residents were noted to have been offered second helpings at all three meals.

Four residents who were cognizant were interviewed on 8/28/13. The four residents stated there was always enough food and second helpings were offered at all meals.

On 8/28/13 at 11:30 AM, the home manager and administrator were interviewed. Both stated the planned and approved menu was followed, to include proper portion size.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #6: The facility did not implement proper infection control measures.

Findings #6: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.335.03 for swatting flies in the food preparation area. The facility was required to submit evidence of resolution within 30 days.

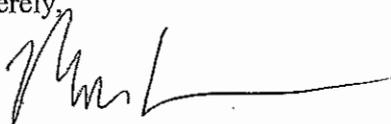
Allegation #7: Complainants were not given written responses to their concerns.

Findings #7: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for not providing complainants with a written response. 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 **August 29, 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,



Matt Hauser
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/TFP

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

