



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: 208-334-6626
FAX: 208-364-1888

November 13, 2013

Bridgett Snyder, Administrator
Ashley Manor - 8th Street, Ashley Manor, LLC
940 West 8th South
Mountain Home, ID 83647

License #: RC-759

Dear Ms. Snyder:

On September 24, 2013, a Complaint Investigation survey was conducted at Ashley Manor - 8th Street, Ashley Manor, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Gloria Keathley, LSW
Team Leader
Health Facility Surveyor

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



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October 3, 2013

Bridgett Snyder, Administrator
Ashley Manor - 8th Street, Ashley Manor, LLC
940 West 8th South
Mountain Home, ID 83647

Dear Ms. Snyder:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - 8th Street, Ashley Manor, LLC between September 23 and September 24, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006050

Allegation #1: The facility does not have enough staff on weekends, to meet residents' care needs.

Findings #1: On 9/23/13 and 9/24/13, the facility was observed to have thirteen residents residing at the facility. All of the residents were observed to be clean and well-groomed. Additionally, two caregivers were observed assisting residents with cares, as well as the facility administrator.

The staffing schedule, for the past six months was reviewed on 9/23/13. Each shift on the schedule for the entire month documented caregivers overlapped shifts, so there were always two caregivers on duty.

Between 9/23/13 and 9/24/13, four caregivers were interviewed. They stated they felt there was adequate staffing to meet the residents' care needs. The caregivers further stated, if a caregiver called in, the house manager assisted the caregiver on duty with residents' care.

On 9/23/13 at 9:59 AM, the administrator stated caregivers overlapped shifts and there were always two caregivers available in the building. She further stated the house manager was available to assist with residents' care if there was a call in or no show.

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 Continuous Positive Airway Pressure (C-PAP) treatments while at the facility.

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Findings #2: Substantiated. However, the facility was not cited as the facility did assist residents with CPAP treatments once they received the appropriate physician orders.

Allegation #3: Residents were not assisted with grooming.

Findings #3: Substantiated. However, the facility was not cited as they acted appropriately by identifying the problem which led to the counseling and termination of two caregivers that did not provide adequate grooming to residents. The facility was, however, cited at IDAPA 16.03.22.350.02 and IDAPA 16.03.22.350.04 for not completing a written report of findings for complaints and not giving the complainant a response in writing. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: There were no paper towels in residents' rooms.

Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.335.03 for not having paper towels available in residents' rooms who required assistance with personal care and in the kitchen. This was a repeat deficiency. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: There were no activities offered to residents.

Findings #5: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.210 for not offering an ongoing activity program that encouraged physical activities and daily living activities to foster and maintain independence. 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 **September 24, 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) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



Gloria Keathley, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

GK/ftp

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



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Ashley Manor - 8th Street, Ashley Manor, LLC
940 West 8th South
Mountain Home, ID 83647

Dear Ms. Snyder:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - 8th Street, Ashley Manor, LLC between September 23 and September 24, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005996

Allegation #1: The facility admitted residents who were not compatible with other residents residing at the facility.

Findings #1: Between 9/23 and 9/24/13, the facility was observed to be a dementia unit, with a secured door. Thirteen residents were observed to reside at the facility. None of the residents appeared to be incompatible with each other. Additionally, one resident, who was interviewable, stated she was comfortable residing at the facility with the other residents.

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

Allegation #2: The facility did not appropriately assist residents with their catheters.

Findings #2: Insufficient evidence was available at the time of the investigation and in records reviewed to substantiate this allegation.

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

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October 3, 2013
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- Allegation #3: The facility destroyed residents medications, after they were discharged from the facility.
- Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.157.01.i for not having a clear medication policy describing how residents' unused medications would be disposed of when a resident was discharged from the facility. The facility was required to submit evidence of resolution within 30 days.
- Allegation #4: The facility did not refund residents their partial rent, when they were discharged on an emergent basis.
- Findings #4: Insufficient evidence was available at the time of the investigation and in records reviewed to substantiate this allegation.
- Unsubstantiated.

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 **September 24, 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.

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Sincerely,



Gloria Keathley, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

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