



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

February 4, 2014

Dawnrae Hoffman, Administrator
Ashley Manor-- Hawthorne
4826 Hawthorne Road
Chubbuck, ID 83202

License #: Rc-753

Dear Ms. Hoffman:

On November 4, 2013, a Fire Life Safety Survey was conducted at Ashley Manor-- Hawthorne. 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.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Mark P. Grimes, Supervisor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'M.P. Grimes', with a long, sweeping horizontal line extending to the right.

Mark P. Grimes
Health Facility Surveyor
Facility Fire Safety & Construction Program

MPG/lj



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November 15, 2013

Dawnrae Hoffman, Administrator
Ashley Manor-- Hawthorne
4826 Hawthorne Road
Chubbuck, ID 83202

Dear Ms. Hoffman:

On November 4, 2013, a Fire Life Safety Survey was conducted at Ashley Manor-- Hawthorne. 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 December 4, 2013.

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

Sincerely,

MARK P. GRIMES, Supervisor
Facility Fire Safety & Construction Program

MPG/lj
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R753	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2013
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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - HAWTHORNE, ASHLEY MA	STREET ADDRESS, CITY, STATE, ZIP CODE 4826 HAWTHORNE ROAD CHUBBUCK, ID 83202
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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 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 November 4, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		
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Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____



Facility Name <i>Ashley Manor Hawthorne</i>	Physical Address <i>4826 Hawthorne Rd</i>	Phone Number <i>208-637-1200</i>
Administrator <i>Dawn Rae Hoffman</i>	City <i>Chubbuck, ID</i>	ZIP Code <i>83202</i>
Survey Team Leader <i>Taylor Barkley</i>	Survey Type	Survey Date <i>11-4-13</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	410.02 750.01	The facility did not conduct one drill per shift per quarter	12-18-13	TB
2	415.02	The last annual fuel-fired heating inspection was on June 12, 2012.	7-12-13	TB
3	415.04 415.01	The annual fire alarm inspection report indicates the batteries need to be replaced.	1-31-14	MPB

Response Required Date <i>12-4-13</i>	Signature of Facility Representative <i>Alison M. Tomlinson</i>	Date Signed <i>11/4/13</i>
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