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

February 4, 2014

Kathi Brink, Administrator
Ashley Manor Care Centers Inc - Orchard
2150 South Orchard
Boise, Idaho 83705

License #: RC-646

Dear Ms. Brink:

On November 19, 2013, a follow-up survey was conducted at Ashley Manor Care Centers Inc - Orchard. 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 are 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 Rae Jean McPhillips, RN, BSN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

for

RAE JEAN MCPHILLIPS, RN, BSN
Team Leader
Health Facility Surveyor

RM/sc

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

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P.O. Box 83720
Boise, Idaho 83720-0009
EMAIL: ralf@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

November 22, 2013 **CERTIFIED MAIL #: 7007 3020 0001 4050 8227**

Charlotte Martin, Administrator
Ashley Manor Care Centers Inc - Orchard
2150 S. Orchard
Boise, ID 83705

Dear Ms. Martin:

On November 19, 2013, a follow-up survey was conducted by Department staff at Ashley Manor Care Centers Inc - Orchard. The facility was cited with 20 non-core deficiencies, 12 were repeat deficiencies from a survery conducted on 5/31/13.

PROVISIONAL LICENSE AND ENFORCEMENT ACTIONS:

As a result of the survey findings, a provisional license is being issued effective November 26, 2013. The following administrative rules for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) gives the Department the authority to issue a provisional license:

> ***935. ENFORCEMENT REMEDY OF PROVISIONAL LICENSE.***
> *A provisional license may be issued when a facility is cited with one (1) or more core issue deficiencies, or when non-core issues have not been corrected or become repeat deficiencies. The provisional license will state the conditions the facility must follow to continue to operate. See Subsections 900.04, 900.05 and 910.02 of these rules.*

The conditions of the provisional license are as follows:

1. **Ban on all new admissions.** Readmission from the hospital will be considered after consultation between the facility, the resident/family and the Department. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) gives the Department the authority to impose a remedy of a limit on admissions:

> ***910. NON-CORE ISSUES DEFICIENCY.***
> *The Licensing and Survey Agency will issue a deficiency for non-core issues that are found during a survey.* ***02. First Follow-Up Survey.*** *When the Licensing and Survey Agency finds on the first follow-up survey that repeat non-core deficiencies exist, the Department may initiate any of the following enforcement actions:* ***a.*** *A*

*provisional license may be issued; **b.** Admissions to the facility may be limited; or **c.** The facility may be required to hire a consultant who submits periodic reports to the Licensing and Survey Agency.*

2. **Evidence of Resolution.** The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) describes the requirements for submitting evidence that the non-core issue deficiencies have been resolved:

   910. Non-core Issues Deficiency.
   01. Evidence of Resolution. *Acceptable evidence of resolution as described in Subsection 130.09 of these rules, must be submitted by the facility to the Licensing and Survey Agency. If acceptable evidence of resolution is not submitted within sixty (60) days from when the facility was found to be out of compliance, the Department may impose enforcement actions as described in Subsection 910.02.a through 910.02.c of these rules.*

   The twenty (20) non-core issue deficiencies must be corrected and acceptable evidence of resolution must be submitted to this office by **December 19, 2013**.

3. The facility will maintain, on an ongoing basis, the deficient area in a state of compliance in accordance with the submitted Evidence of Resolution.

4. The provisional license will be prominently displayed in the facility. Upon receipt of this provisional license, please return the full license currently held by the facility.

ADMINISTRATIVE REVIEW:

You may contest this decision to issue a provisional license and impose enforcement action of requiring a consultant by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, which states: **the request must be signed by the licensed administrator of the facility, identify the challenged decision, and state specifically the grounds for your contention that this desicision is erroneous.** The request must be recieved **no later than twenty-eight (28) days after this notice was mailed**. Any such request should be addressed to:

Tamara Prisock, Administrator
Division of Licensing and Certification - DHW
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036

Upon receipt of a written request that meets the requirements specified in IDAPA 16.05.03.300, an administrative review conference will be scheduled and conducted. The purpose of the conference is to clarify and attempt to resolve the issues. A written review decision will be sent to you within thirty (30) days of the date of the conclusion of the administrative review conference.

If the facility fails to file a request for administrative review within the time period, this decision shall become final.

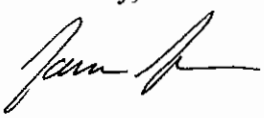
FOLLOW-UP SURVEY:

An on-site, follow-up survey will be scheduled after the facility has submitted evidence of resolution. If at the follow-up survey, a new core issue deficiency is identified, non-core deficiencies have not been corrected, or the facility has failed to abide by the conditions of the provisional license, the Department will take further enforcement action against the license held by Ashley Manor Care Centers, Inc. - Orchard. Those enforcement actions will include one or more of the following:

- Revocation of the Facility License
- Summary Suspension of the Facility License
- Imposition of Temporary Management
- Continuation of the Limit on Admissions
- Civil Monetary Penalties

Division of Licensing and Certification staff is available to assist you in determining appropriate corrections and avoiding further enforcement actions. Please contact our office at (208) 364-1962 if we may be of assistance, or if you have any questions.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

RC/js

Enclosure

cc: Medicaid Notification Group
Steve Millward, Division of Licensing and Certification

IDAHO DEPARTMENT OF HEALTH & WELFARE

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, ID 83720-0036
(208) 364-1962 Fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues Punch List

Facility	License #	Physical Address		Phone Number
ASHLEY MANOR CARE CENTERS INC - ORCHARD	RC-646	2150 SOUTH ORCHARD		(208) 388-8909
Administrator	**City**		**ZIP Code**	**Survey Date**
Charlotte Martin	BOISE		83705	November 20, 2013
Survey Team Leader	**Survey Type**			**RESPONSE DUE:**
Rae Jean McPhillips	Follow-up			December 20, 2013
Administrator Signature	**Date Signed**			
Charlotte Martin	11-20-13			

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Initials
1	300.02	Resident #1's senna and eye drops were not implemented as ordered. **previously cited on 5/31/13**	1/9/14	RM
2	305.03	The facility RN did not assess residents after they had changes in their conditions, such as: Resident #1's nausea, vomiting and skin changes, Resident #2's skin changes and falls, and Resident #3's swollen feet.	1/9/14	RM
3	305.04	The facility RN did not make recommendations when Resident #1 experienced prolonged nausea and vomiting and Resident #3's feet were swollen. **previously cited on 5/31/13**	1/9/14	RM
4	305.05	The facility RN did not follow-up to ensure the LPN's recommendations were implemented, such as: Resident #1's need for increased snacks and super pudding to prevent further weight loss. **previously cited on 5/31/13**	1/9/14	RM
5	305.07	The facility RN did not review Residents #2 and #3's medications for errors.	1/9/14	RM
6	310.01.d	There was no documentation that staff called the facility nurse for direction prior to giving a medication which required an assessment.	1/9/14	RM
7	335.03	Staff did not follow proper infection control techniques, such as: not washing hands after toileting residents, and having bare hand contact with ready to eat foods.	1/9/14	RM
8	350.02	The administrator did not investigate all incidents or accidents. **previously cited on 5/31/13**	1/9/14	RM
9	451.01.d	The facility did not follow the planned menu such as not serving fruit and juice at breakfast and dessert at lunch. **previously cited on 5/31/13**	1/9/14	RM
10	460.02.a	Breakfast was not served until 10:00 AM.	1/9/14	RM
11	625.01	Two of five newly hired staff did not have documentation of 16 hours of orientation. **previously cited on 5/31/13**	1/9/14	RM
12	625.03.l	Five of five newly hired staff did not have documentation of infection control training. **previously cited on 5/31/13**	1/9/14	RM
13	630.01	Two of five newly hired staff did not have documentation of dementia training. **previously cited on 5/31/13**	1/9/14	RM
14	640	One staff record did not contain evidence of 8 hours of continuing education. **previously cited on 5/31/13**	1/9/14	RM
15	600.06.b	Two of five staff who worked alone did not have first aid training. **previously cited on 5/31/13**	1/9/14	RM
16	700.01	The facility LPN did not date all entries.	1/9/14	RM
17	711.01	The facility did not document Resident #1 and #3's behaviors, interventions used, and the effectiveness of those interventions. **previously cited on 5/31/13**	1/9/14	RM

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ASSISTED LIVING
Non-Core Issues Punch List

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ASHLEY MANOR CARE CENTERS INC - ORCHARD	RC-646	2150 SOUTH ORCHARD		(208) 388-8909
Administrator	**City**		**ZIP Code**	**Survey Date**
Charlotte Martin	BOISE		83705	November 20, 2013
Survey Team Leader	**Survey Type**			**RESPONSE DUE:**
Rae Jean McPhillips	Follow-up			December 20, 2013
Administrator Signature	**Date Signed**			
Charlotte Martin 11-20-13				

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22	Description	Department Use Only: EOR Accepted	Initials
18	711.08.b	Facility staff did not document Resident #1's dressing changes. Additionally, the facility inaccurately documented medications were given when they were not. **previously cited on 5/31/13**	1/9/14	RM
19	711.08.e	There was no documentation that staff notified the facility RN when residents experienced changes in their condition.	1/9/14	RM
20	711.08.F	Current hospice care notes were not in Resident #2's record.	1/9/14	RM
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