



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

January 15, 2014

Jessica Taylor, Administrator
Ashley Manor - Midland - Ashley Manor LLC
67 South Midland Boulevard
Nampa, ID 83651

License #: RC-536

Dear Ms. Taylor:

On November 21, 2013, a complaint investigation survey was conducted at Ashley Manor - Midland, Ashley Manor LLC. 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 Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Donna Henscheid, LSW
Team Leader
Health Facility Surveyor

DH/sc

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



Facility ASHLEY MANOR - MIDLAND	License # RC-536	Physical Address 67 SOUTH MIDLAND BOULEVARD	Phone Number (208) 461-1452
Administrator Jessica Taylor	City NAMPA	ZIP Code 83651	Survey Date November 21, 2013
Survey Team Leader Donna Henscheid	Survey Type Complaint Investigation	RESPONSE DUE: December 21, 2013	
Administrator Signature 	Date Signed 11-21-2013		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	260.06	Resident #5's and #6's rooms had strong urine odors.	12/23/13	DH
2	300.01	The facility RN did not assess Resident #3 when she developed a stage II pressure ulcer.		
3	320.01	The facility did not implement the NSA to ensure hygiene, laundry, bathing and toileting were provided to Residents #5 and #6 to prevent offensive odors.	12/23/13	DH
4	711.08	The facility did not have care notes signed and dated by the person providing the care and services.	1/6/14	DH
5	730.02.a & b	Work records did not include the personnel on duty at any given time, their first and last names and their position.	12/23/13	DH
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January 15, 2014

Jessica Taylor, Administrator
Ashley Manor - Midland - Ashley Manor LLC
67 South Midland Boulevard
Nampa, Idaho 83651

Dear Ms. Taylor:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - Midland, Ashley Manor LLC between November 20, 2013 and November 21, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006250

January 15, 2014

Jessica Taylor, Administrator
Ashley Manor - Midland - Ashley Manor LLC
67 South Midland Boulevard,
Nampa, Idaho 83651

Provider #: RC-536

Dear Ms. Taylor:

On **November 21, 2013**, a Complaint Investigation survey was conducted at Ashley Manor - Midland - Ashley Manor LLC. Matthew Hauser, QMRP, Donna Henscheid, LSW and Karen Anderson, RN conducted the complaint investigation.

The complaint allegations, findings and conclusions are as follows:

Complaint #ID00006250

Allegation #1: Some of the residents' rooms in Building #1 had a strong urine odor.

Jessica Taylor, Administrator
January 15, 2014
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Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for residents' rooms having a strong urine odor. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: Residents residing in Building #1 had offensive body odors.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.320.01 for not implementing NSAs to ensure residents with offensive body odors received hygiene, laundry, bathing and toileting assistance to eliminate the odors. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility did not have the food items required to meet the menu.

Findings #3: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #4: Building #2 did not have appropriate staffing to provide the residents with adequate supervision.

Findings #4: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #5: The facility did not offer activities.

Findings #5: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

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 **November 21, 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,



Donna Henscheid, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/sc