



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

January 6, 2014

Jodi Howard, Administrator
Ashley Manor-- Beverly Hills
861 Beverly Hills Drive
Payette, ID 83661

License #: RC-557

Dear Ms. Howard:

On December 16, 2013, a Fire Life Safety Survey was conducted at Ashley Manor-- Beverly Hills. 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 Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Taylor Barkley". The signature is fluid and cursive.

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj



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December 30, 2013

Jodi Howard, Administrator
Ashley Manor-- Beverly Hills
861 Beverly Hills Drive
Payette, ID 83661

Dear Ms. Howard:

On December 16, 2013, a Life Safety Code, state Licensure survey was conducted at Ashley Manor-- Beverly Hills.

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 four (4) non-core issue deficiencies were identified on the punch list and three (3) were identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than January 16, 2014.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to the Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626.

Sincerely,

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

MPG/lj

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R557	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2013
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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - BEVERLY HILLS, ASHLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 861 BEVERLY HILLS DRIVE PAYETTE, ID 83661
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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 December 16, 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 Beverly Hills</i>	Physical Address <i>861 Beverly Hills Dr.</i>	Phone Number <i>208-642-1711</i>
Administrator <i>Jodi Howard</i>	City <i>Payette, Id</i>	ZIP Code <i>83661</i>
Survey Team Leader <i>Taylor Barkley</i>	Survey Type	Survey Date <i>12-16-13</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	415.02	The last Annual fuel fired heating inspection was on November 30, 2012.	12-17-13	TB
2	410.02 750.01	The facility did not conduct one drill per shift per Quarter.	12-17-13	TB
3	415.04	The facility did not inspect or test the fire alarm on a monthly basis.	12-17-13	TB
4	750.05 415.04	The facility did not maintain on file in the facility a copy of the last Annual fire alarm inspection.	12-23-13	TB
		Items # 1, 2 and 3 are repeat deficiencies previously cited on November 18, 2010.		

Response Required Date <i>1-16-14</i>	Signature of Facility Representative <i>Jodi Howard</i>	Date Signed <i>12-18-13</i>
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