



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

April 20, 2011

April Kohlmaier, Administrator
Ashley Manor - Iowa, Ashley Manor Llc
2604 Iowa Avenue
Caldwell, ID 83605

License #: RC-767

Dear Ms. Kohlmaier:

On March 2, 2011, a licensure, complaint and follow-up survey was conducted at Ashley Manor - Iowa, 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.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Donna Henscheid, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Donna Henscheid
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program



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April 20, 2011

April Kohlmaier, Administrator
Ashley Manor - Iowa, Ashley Manor Llc
2604 Iowa Avenue
Caldwell, ID 83605

Dear Ms. Kohlmaier:

On March 2, 2011, a licensure, complaint and follow-up survey was conducted at Ashley Manor - Iowa, Ashley Manor Llc. The facility was found to be providing a safe environment and safe, effective care to 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 April 1, 2011.

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

Sincerely,

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



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March 2, 2011

April Kohlmaier, Administrator
Ashley Manor - Iowa, Ashley Manor Llc
2604 Iowa Avenue
Caldwell, ID 83605

Dear Ms. Kohlmaier:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - Iowa, Ashley Manor Llc from February 28, 2011, to March 2, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004850

Allegation #1: The facility took an identified resident's personal funds from her checking account without permission.

Findings #1: On 2/28/11, the identified resident's record was reviewed. An undated authorization to access direct payment from the identified resident's checking account was observed to be signed by the family member.

On 3/2/11 at 9:00 AM, a family member confirmed she had signed the authorization to have the monthly payments automatically withdrawn from the account, but was unaware this gave the facility permission to withdraw other payments.

Unsubstantiated. However, the facility was cited non-core deficiencies at IDAPA 16.03.22.220.02 for the facility's admission agreements not clearly reflecting the facility's charges or commitments agreed upon by each party and IDAPA 16.03.22.220.10 for the facility's admission agreements not providing a description of the facility's billing practices, notices and procedures for payment and refund.

April Kohlmaier, Administrator
March 2, 2011
Page 2 of # 2

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in cursive script that reads "Donna Henscheid".

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R767	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2011
NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - IOWA, ASHLEY MANOR LL		STREET ADDRESS, CITY, STATE, ZIP CODE 2604 IOWA AVENUE CALDWELL, ID 83605		
(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
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure, follow-up and complaint survey conducted on 02/28/11 through 03/02/11 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



IDAHO DEPARTMENT OF
HEALTH & WELFARE

MEDICAID LICENSING & CERTIFICATION - RALF
P.O. Box 83728
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

Reset Form Print Form

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Ashley Manor, Iowa	Physical Address 2604 Iowa Ave	Phone Number 459-2948
Administrator April Kohmaier	City Caldwell	Zip Code 83605
Team Leader Donna Henscheid	Survey Type Licensure, Follow-up and Complaint	Survey Date 03/02/11

NON-CORE ISSUES

Item#	RULE#	DESCRIPTION	DATE RESOLVED	LC USE
1	220.02	The facility's admission agreements did not clearly reflect or define the facility's charges or commitments agree to by each party.	4/15/11	OK
2	220.10	The facility's admission agreement did not provide a description of the facility's billing practices, notices and procedures for payment and refund.	4/15/11	OK
3	225.01.a-g	The facility did not have behavior management plans in place for Residents #2 and #3. *Repeat Punch*	4/8/11	OK
4	260.06	The facility was not maintained in a safe and orderly manner. For example: The vinyl by the window in room #1 was loose and rolling up, the vinyl coating on the kitchen cupboards and drawers was peeling off, the stove was not always functional and the oven door did not seal properly, the vinyl floor in the kitchen had many burn marks around the stove area, and the blue shower room had mold and/or build-up in the corners of the shower. Approximately 10 boxes of resident supplies were stored outside on the patio.	4/8/11	OK
5	305.02	The facility did not have orders for Resident #2's PRN medications. COS	2011-02-28	
6	310.01.f	The caregiver did not observe the resident take her medications.	4/8/11	OK
7	625.03	4 of 5 staff did not have documentation of infection control training included in their orientation.	4/8/11	OK
Response Required Date		Signature of Facility Representative	Date Signed	
04/01/11			3/2/11	

