



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: 208-334-6626
FAX: 208-364-1888

July 12, 2013

Charlotte Martin, Administrator
Ashley Manor Care Centers Inc - Orchard
Po Box 1176
Meridian, ID 83642

License #: Rc-646

Dear Ms. Martin:

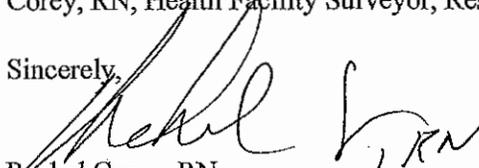
On May 31, 2013, a complaint investigation and state licensure survey was conducted at Ashley Manor Care Centers Inc - Orchard. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted plan of correction and 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 no recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,


Rachel Corey, RN
Team Leader
Health Facility Surveyor

rc/rc

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



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June 10, 2013

CERTIFIED MAIL #: 7012 1010 0002 0836 0508

Charlotte Martin
Ashley Manor Care Centers Inc - Orchard
PO Box 1176
Meridian, ID 83642

Dear Ms. Martin:

Based on the complaint investigation and state licensure conducted by our staff at Ashley Manor Care Centers Inc - Orchard between May 29, 2013 and May 31, 2013, we have determined that the facility failed to assure residents received adequate care by failing to provide adequate supervision and failure to meet resident needs with regard to activities of daily living, diet, and assistance/monitoring of medications.

This core issue deficiency substantially limits the capacity of Ashley Manor Care Centers Inc - Orchard to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **July 15, 2013**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ◆ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ◆ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ◆ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ◆ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ◆ By what date will the corrective action(s) be completed?

Charlotte Martin
June 10, 2013
Page 2 of 2

Return the **signed** and **dated** Plan of Correction to us by **June 23, 2013**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Care Program for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the Statement of Deficiencies. See the IDR policy and directions on our website at www.assistedliving.dhw.idaho.gov. If your request for informal dispute resolution is not received within the appropriate time-frame, your request will not be granted.

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 **June 30, 2013**.

Also, be aware that any variance allowing the administrator to serve over other facilities is revoked as of the date of the exit conference. The facility must now employ a single, licensed administrator who is not serving as administrator over any other facilities. Failure to do so within thirty (30) days of the date of the exit conference will result in a core issue deficiency.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities in Idaho, the Department will have no alternative but to initiate an enforcement action against the license held by Ashley Manor Care Centers Inc - Orchard.

Enforcement actions may include:

- imposition of civil monetary penalties;
- issuance of a provisional license;
- limitation on admission to the facility;
- requirement that the facility hire a consultant who submits periodic reports to Licensing and Certification.

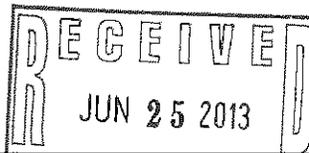
Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 334-6626 and ask for the Residential Assisted Living Facility program. Thank you for your continued participation in the Idaho Residential Assisted Living Facility program.

Sincerely,



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

RC/TFP



Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R646	(X2) MULTIPLE CONSTRUCTION A. BUILDING: By <u>RALF</u> B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2013
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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - ORCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 SOUTH ORCHARD BOISE, ID 83705
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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
R 000	<p>Initial Comments</p> <p>The following deficiency was cited during the licensure/follow-up and complaint investigation conducted on 5/29/13 through 5/31/13 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Rachel Corey, RN Team Leader Health Facility Surveyor</p> <p>Polly Watt-Geier, MSW Health Facility Surveyor</p> <p>Survey Definitions: anti coag = anticoagulation ADLs = activities of daily living aspiration = breathing in a foreign object, such as sucking food into the airway Bell's Palsy = weakness or paralysis of the muscles on one side of the face, which causes the face to droop. BM = Bowel movement dysphagia = difficulty swallowing LPN = licensed practical nurse MAR = Medication Assistance Record mg = milligrams ml = milliliters NSA = Negotiated Service Agreement peri-care = cleaning the genital and anal areas PO = By Mouth PRN = As Needed Q = every RN = registered nurse r/t = related to INR = A test used to monitor the effectiveness of Coumadin therapy. A therapeutic level of 2-3 is optimal for most people. Pt. = patient Q AM = Every Morning</p>	R 000		

Bureau of Facility Standards
Charlotte Martin OPERATOR DIRECTOR
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE
6-21-13

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R646	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2013
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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - ORCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 SOUTH ORCHARD BOISE, ID 83705
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R 000	Continued From page 1 UAI = Uniform Assessment Instrument	R 000		
R 008	<p>16.03.22.520 Protect Residents from Inadequate Care.</p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to provide supervision to 3 of 3 sampled residents (Residents #1, #2 and #3) to ensure their dietary and Activities of Daily Living needs were met. Additionally, the facility failed to provide appropriate assistance and monitoring of medications for 1 of 3 sampled residents (Resident #2). The findings include:</p> <p>I. Supervision</p> <p>According to IDAPA 16.03.22.012.25, supervision is defined as "a critical watching and directing activity which provides protection, guidance, knowledge of the residents general whereabouts, and assistance with activities of daily living. The administrator is responsible for providing appropriate supervision based on each resident's Negotiated Service Agreement or other legal requirements."</p> <p>A. Supervision of Dietary Needs</p> <p>1. Resident #3, was an 83 year-old male, admitted to the facility on 8-10-11, with diagnoses including dysphagia, and a history of a cerebral vascular accident.</p>	R 008		7-15 2013

PRINTED: 06/10/2013
FORM APPROVED

Residential Care/Assisted Living

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R 008	<p>Continued From page 2</p> <p>All of the following documented Resident #3 required a mechanical soft diet:</p> <ul style="list-style-type: none"> *Admission orders, dated 8/9/11 *Current physician orders, dated 5/22/13 *The NSA, dated 5/10/13 *Medication Assistance records from January 2013 through May 2013 *The resident's face sheet information contained in the front of the record *The front of the binder containing the resident's record <p>The 2010 tenth edition "Idaho Diet Manual" defines, on pages 49 and 50, that a mechanical soft diet is a diet "designed to provide a texture modification of the regular diet for patients with chewing or swallowing difficulty." "Foods to Avoid" included "...whole, diced or cut meat...hard crusted bread or rolls..." The manual also documented that "all meats should be served ground. It is recommended to ladle sauce or gravy over mechanically altered meats..."</p> <p>A Hospice note, dated 3/7/13, documented the resident had dysphagia, and required a mechanical soft diet. It further documented, "Pt. pockets food r/t bells palsy."</p> <p>On 5/29/13 at 11:24 AM, a caregiver who was preparing lunch, stated there were no residents who required specialized diets, except a random resident who required pureed food.</p> <p>On 5/29/13 at 12:25 PM, Resident #3 was observed being served corned beef, which was not ground or served with gravy. The resident was also served, cooked mixed vegetables, applesauce and a slice of bread. The resident was observed to eat the vegetables, applesauce</p>	R 008		7-15 2013
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Residential Care/Assisted Living

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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - ORCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2160 SOUTH ORCHARD BOISE, ID 83705
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R 008	<p>Continued From page 3</p> <p>and bread, but mostly picked at the meat. At 1:30 PM, Resident #3 was observed being assisted away from the table. Most of the meat remained on the plate.</p> <p>On 5/30/13 at 12:20 PM, Resident #3 was served shredded beef (no gravy), cooked carrots, a hard crusty roll and cubed boiled potatoes. The resident was observed to have difficulty eating the roll; he took small bites and left it in his mouth for an extended period of time, before attempting to eat the remaining food.</p> <p>On 5/29/13 and 5/30/13, Resident #3 was served meat and a hard roll, which was not consistent with a mechanical soft diet.</p> <p>On 5/30/13 at 9:55 AM, the resident's hospice RN stated, "he is not getting the ordered mechanical soft diet. They give him things like whole vegetables not cut-up. He can't even cut them. If I am there, I chop everything up and feed him. He is an aspiration risk."</p> <p>On 5/30/13 at 10:00 AM, the resident's hospice LPN stated, "when I am there I remind them about the mechanical soft diet. The last few times I have been there, they have not provided the mechanical soft diet."</p> <p>On 5/30/13 at 10:40 AM, the resident's hospice caregiver stated she has been to the facility during meal times and "the meat is never mechanical soft."</p> <p>On 5/30/13 at 2:45 PM, the administrator and assistant administrator stated there were no residents who required a specialized diet, except one who required a pureed diet. They acknowledged Resident #3 had not received a</p>	R 008	<p>The Staff in serviced on Resident #3's diet orders. 100% diet audit completed with in service to staff on how to prepare food for diet textures ordered for each resident by MD.</p>	<p>7-15 2013</p>

Residential Care/Assisted Living

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R 008	<p>Continued From page 4</p> <p>mechanical soft diet.</p> <p>The facility administrator did not provide supervision to ensure Resident #3 received a mechanical soft diet, which increased his risk for aspiration.</p> <p>2. Resident #1 was a 93 year-old female, admitted to the facility on 12/13/12, with diagnoses including severe end stage Alzheimer's dementia and Parkinson's disease.</p> <p>A hospice plan of care, dated 11/19/12, documented Resident #1 was on a regular diet, as tolerated.</p> <p>A fax to the physician from the facility, dated 12/17/12, documented the facility requested an order for Resident #1 to be placed on a pureed diet. The physician responded on the bottom of the fax to "please puree [Resident #1's name] food."</p> <p>Resident #1's record did not contain documentation as to why a pureed diet was requested, nor was there any documentation showing the pureed diet was implemented at that time.</p> <p>Resident #1's hospice notes did not contain documentation regarding a change in diet.</p> <p>A facility nursing assessment, dated 3/11/13, documented Resident #1 was on a regular diet, with regular consistency.</p> <p>A physician's order, dated 3/21/13, changed Resident #1's diet to a soft diet. There were no parameters of what type of "soft" diet was ordered.</p>	R 008	<p>Resident #1 NSA was reviewed and updated with appropriate diet and why.</p> <p>Updated diet orders will be kept in the Kitchen for all staff to identify the dietary needs for all residents.</p>	7-15 2013

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R646	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/31/2013
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R 008	Continued From page 5 Facility progress notes, dated 3/22/13 at 3:00 PM, documented that Resident #1 had a "choking incident at lunch time," on 3/19/13, but was now "doing well." The progress note further documented, Resident #1's diet had been changed to a mechanical soft diet "to help prevent further incidents." RN progress notes, dated 3/25/13, documented Resident #1 had a choking episode on 3/22/13. The note also documented a soft diet order had been obtained, implemented and there were no further choking incidents. A physician's order, dated 4/3/13, documented Resident #1 had been "choking on soft diet," so the order was changed to a pureed diet. A hospice plan of care note, dated 4/3/13, documented Resident #1 "had choked on food." The note further documented, Resident #1 had been placed on a "soft diet for 2 days, then semi-choked" and was "now on a pureed diet." A hospice plan of care note, dated 4/17/13, documented Resident #1 was "now on a pureed diet as (she) chokes on everything else." On 5/30/13 at 12:30 PM, a plate was placed in front of Resident #1. There were three separate cups observed sitting on top of the plate. One cup was observed containing a semi-pureed roast, where chunks of meat were visible. A second cup was observed containing semi-pureed potatoes, where chunks of potatoes were visible. The third cup was observed to contained a partially pureed roll, where chunks of the hard exterior roll were visible.	R 008	All orders will be reviewed as they are received from the MD with the necessary changes made to the EMAR/MAR, NSA, and the diet orders in the kitchen. The Administrator or designee will audit the kitchen diet orders monthly at the end of the month process to ensure all residents are receiving the diet ordered by their physician, The Administrator or Designee will monitor daily for one month to assure residents are receiving the appropriate diets if no issues will monitor weekly for one month if no issues will monitor as needed with oversight from Operations Director.	7-15 2013

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R646	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2013
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R 008	<p>Continued From page 6</p> <p>5/30/13 at 12:40 PM, the administrator was shown the request, dated 12/17/12, for Resident #1 to receive a pureed diet. The administrator stated she had not been aware of the request. She stated she would try to locate further documentation as to why a request was sent and not implemented.</p> <p>On 5/30/13 at 2:20 PM, the administrator stated she had observed Resident #1's meal and had provided training to the caregiver on how to properly puree foods. The administrator also stated there was no documentation in Resident #1's record as to why a pureed diet was requested on 12/17/12.</p> <p>On 5/31/13 at 10:49 AM, Resident #1 was observed to have a plate in front of her with two cups. One of the cups was observed to contain semi-pureed eggs, where chunks of eggs were visible. The second cup was observed to contain semi-pureed hash browns, where chunks of hash browns were visible.</p> <p>The facility failed to implement or clarify if Resident #1 should have been placed on a pureed diet in December 2012. The facility continued to provide a regular diet, which lead to Resident #1 experiencing at least two separate incidents where she choked on her food. Additionally, once the facility obtained an order for a pureed diet, they failed to ensure it was implemented, as Resident #1 was observed to be served two meals that were not appropriately pureed.</p> <p>B. Supervision of Activities of Daily Living Services</p> <p>1. Resident #3, was an 83 year-old male,</p>	R 008		7-15 2013

PRINTED: 06/10/2013
FORM APPROVED

Residential Care/Assisted Living

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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - ORCH			STREET ADDRESS, CITY, STATE, ZIP CODE 2150 SOUTH ORCHARD BOISE, ID 83705		
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R 008	<p>Continued From page 7</p> <p>admitted to the facility on 8/10/11, with diagnoses including dysphagia, and a history of a cerebral vascular accident.</p> <p>Resident #3's NSA, updated on 5/10/13, documented he was bathed by hospice twice weekly, and facility staff were to assist the resident with shaving on bath days. The NSA further documented, Resident #3 was "unaware of some incontinence" and staff were to assist the resident with toileting before meals, after meals, at bedtime and as needed.</p> <p>A hospice note, dated 3/1/13, documented, "Pt saturated with urine. Gave partial bed bath, stripped bed, and assisted Pt. with AM ADLs." The note further documented, the assistant administrator was notified that the resident was found saturated.</p> <p>A hospice note, dated 5/17/13, documented the nurse assisted the resident with toileting at the visit and observed the resident's buttocks to be "reddened." The note further documented, the nurse encouraged staff to assist the resident with toileting every two hours.</p> <p>On 5/29/13, at 11:00 AM, the resident was observed sitting in his wheelchair in the common area. At 12:25 PM, the assistant administrator was observed wheeling the resident to the dining room table for lunch. The resident was not assisted with toileting or checked to see if he was wet at this time. At 1:30 PM, the resident was observed at the dining room table and had not been toileted.</p> <p>On 5/30/13, at 8:15 AM, Resident #3 was observed awaiting breakfast at the dining room table. At 9:27 AM, the resident was observed to</p>	R 008	<p>Change of condition NSA completed for Resident #3 with appropriate interventions.</p> <p>The staff in serviced on ADL documentation and providing adequate cares to each resident as noted in each of their negotiated service agreements.</p>	7-15-2013	

Residential Care/Assisted Living

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R 008	<p>Continued From page 8</p> <p>have finished his breakfast. He remained at the table until 10:05 AM, when a hospice aide arrived to assist the resident with bathing and toileting.</p> <p>On 5/29/13 at 3:38 PM, a caregiver stated they were instructed to toilet residents every two hours and shave residents when "it is noticeable."</p> <p>On 5/30/13 at 9:50 AM, the resident's hospice RN stated many times the resident was found "wet from head to toe." She stated the resident was beginning to have some skin breakdown, which she attributed to poor peri-care.</p> <p>On 5/30/13 at 10:00 AM, the resident's hospice LPN stated, "he is saturated frequently. We do education on toileting and barrier cream, and it never gets done. I come in two days a week and yesterday was the only day he has not been saturated."</p> <p>On 5/30/13 at 10:40 AM, the resident's hospice aide stated, "he regularly has dried BM on his skin and I visit two days a week." She further stated, his "peri-area" was red from "poor skin cleaning" and "more often than not" he was observed to be saturated with urine during her visits.</p> <p>On 5/30/13 at 11:55 AM, the resident's guardian stated, "when I come in, I have to remind them to clean his face. They wait for hospice to come in and take care of him. I visit every other week and about 50% of the time he is unshaven. I try to tell staff that they can't just wait until hospice comes in." She further stated, Resident #3 would attempt to toilet himself and she had to remind staff to assist him with toileting every two hours. She stated, "there has been a couple of times he has been soaked through."</p>	R 008	<p>Administrator or designee will monitor daily for one month to assure residents are receiving the care outlined in their NSA if no issues will monitor weekly for one month if no issues will monitor as needed with oversight from Operations Director.</p>	7-15 2013

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R646	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2013
NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - ORCH		STREET ADDRESS, CITY, STATE, ZIP CODE 2150 SOUTH ORCHARD BOISE, ID 83705		
(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 008	<p>Continued From page 9</p> <p>On 5/30/13 at 3:20 PM, the administrator stated residents should be toileted every two hours and it should be documented on the ADL sheets.</p> <p>ADL sheets documented under "bladder program" how many times caregivers assisted with toileting. Each day was broken into 5 shifts: two day shifts, two evening shifts and one night shift. On 5/30/13 at 10:15 AM, the assistant administrator was unaware what the exact hours each shift was broken into, but stated the shifts were about 4 hours long, except for the night shift, which was from 12:30 PM until 7 AM.</p> <p>The April 2013 ADL sheet documented the following:</p> <p>*For the first day shift, for 23 of the 30 days, the resident was assisted with toileting only one time per shift and one day a "0" was documented, indicating the resident was not assisted with toileting that shift.</p> <p>*For the second day shift, for 16 of the 30 days, the resident was assisted with toileting only one time that shift.</p> <p>*For the first evening shift, for 17 of the 30 days, the resident was assisted with toileting only one time that shift; there were 4 days when it was documented the resident was not assisted with toileting.</p> <p>*For the second evening shift, 21 of the 30 days, the resident was assisted with toileting only one time that shift; there were 3 days where it was documented the resident was not assisted with toileting.</p>	R 008		7-13 2013

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R646	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2013
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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - ORCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 SOUTH ORCHARD BOISE, ID 83705
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R 008	<p>Continued From page 10</p> <p>*For the night shift, for 9 of the 30 days, the resident was assisted with toileting only one time that shift.</p> <p>*For 13 of the 30 days the resident was assisted with toileting 6 or less times per day.</p> <p>The May 2013 ADL sheet documented the following:</p> <p>*For the first day shift, for 18 of 29 days, the resident was assisted with toileting only one time per shift and "0" times per shift for 4 days.</p> <p>*For the second day shift, for 7 of the 29 days, the resident was assisted with toileting only one time per shift and "0" times per shift for 5 days.</p> <p>*For the first evening shift, for 11 of the 29 days, the resident was assisted with toileting only one time per shift and "0" times per shift for 2 days.</p> <p>*For the second evening shift, for 13 of the 29 days, the resident was assisted with toileting only one time per shift and "0" times per shift for 1 day.</p> <p>*For the night shift, the resident was assisted with toileting only one time per shift for 12 of the 29 days, and "0" times per shift for 2 days.</p> <p>*On May 17th, the resident was not toileted at all until the night shift.</p> <p>*For 11 of the 29 days, the resident was assisted with toileting 6 or less times per day.</p> <p>The April and May 2013 ADL sheets did not reflect toileting every two hours and some shifts it was documented that the resident was not</p>	R 008		7-13 2013

Residential Care/Assisted Living

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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - ORCH		STREET ADDRESS, CITY, STATE, ZIP CODE 2150 SOUTH ORCHARD BOISE, ID 83705		
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R 008	Continued From page 11 toileted at all. The facility did not provide supervision to ensure Resident #3's toileting and hygiene needs were met. 2. Resident #2 was a 71 year-old female admitted to the facility on 8/20/11, with diagnoses including history of a stroke, atrial fibrillation and dementia. Resident #2's NSA, documented she needed total assistance with her grooming and hygiene needs. The NSA documented she needed total assistance with the following: brushing hair, brushing teeth, washing hands and face, shaving whiskers and using deodorant. Additionally, the NSA documented the resident needed staff assistance with dressing and she "may need to be changed multiple times a day." The NSA also documented Resident #2 required assistance with all toileting needs, including peri-care. The NSA also documented the resident should be "clean and dry at all times." On 5/29/13 at 11:39 AM, Resident #2 was observed wearing a white shirt with dark spots down the front of the shirt. Resident #2 also was observed to have a patch of chin whiskers and a strong urine odor was present. On 5/30/12 at 8:32 AM, Resident #2 was observed lying in bed with her covers half off. Her room smelled strongly of urine. On 5/31/13 at 10:49 AM, Resident #2 was observed wearing a sweater from the previous day. Resident #2 was observed to continue to have a patch of whiskers on her chin and a strong feces smell was present. Resident #2's right hand was observed to have a brown substance in	R 008		

7-13
2013

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R646	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/31/2013
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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - ORCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 SOUTH ORCHARD BOISE, ID 83705
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R 008	<p>Continued From page 12</p> <p>between her fingers and in her nail beds.</p> <p>The facility did provide supervision to ensure Resident #2's NSA was implemented, as Resident #2 was observed unkempt, wearing clothes from the previous day and having strong urine and feces odors present between 5/29 and 5/31/13.</p> <p>3. Resident #1 was a 93 year-old female admitted to the facility on 12/13/12, with diagnoses including severe end stage Alzheimer's dementia and Parkinson's disease.</p> <p>Resident #1's NSA, documented she required hands on assistance with all toileting needs and wore incontinent briefs.</p> <p>On 5/30/13 at 8:15 AM, Resident #1 was observed dozing on and off, while sitting in a high-back wheelchair at the dining room table.</p> <p>On 5/30/13 at 11:26 AM, Resident #1 was observed being escorted from the dining room table to her room by a caregiver. The caregiver was observed to transfer Resident #1 into bed without offering to toilet her or check her incontinent briefs to determine if a was needed.</p> <p>On 5/30/13 at 12:13 PM, a caregiver went into Resident #1's room and asked her if she would like to eat lunch. Resident #1 was observed to agree to eat. The caregiver was then observed to pivot transfer the resident into her high-back wheelchair and take her to the dining room table. During the course of the caregiver's interaction with Resident #1, she was not observed to offer toileting assistance or check her incontinent briefs to determine if a change was needed.</p>	R 008		7-13 2013
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Residential Care/Assisted Living

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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - ORCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 SOUTH ORCHARD BOISE, ID 83705
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R 008	<p>Continued From page 13</p> <p>On 5/30/13 at 12:45 PM, the resident was observed eating her lunch and surveyors left the building at this time.</p> <p>Between 8:15 AM and 12:45 PM, approximately four and one-half hours, Resident #1 was not offered assistance with toileting nor were her incontinent briefs checked to ensure they did not need to be changed.</p> <p>II. Assistance and Monitoring of Medications</p> <p>1. Resident #2 was a 71 year-old female, admitted to the facility on 8/20/11 with diagnoses including history of a stroke, atrial fibrillation and dementia.</p> <p>I. Coumadin management</p> <p>A. January 1st through 3rd</p> <p>An "anti coag therapy" note, dated 12/21/12, documented Resident #2's Coumadin order was changed to the following:</p> <p>* 4 mg Tuesdays & Fridays * 2 mg all remaining days of the week (Monday, Wednesday, Thursday, Saturday, Sunday)</p> <p>The January 2013 MAR documented the resident was to receive Coumadin 4 mg on Wednesdays and 2 mg all other days. The MAR documented the resident received:</p> <p>* 1/1 (Tuesday) - 2 mg (should have received 4 mg) * 1/2 (Wednesday) - 4 mg (should have received 2 mg)</p> <p>The facility did not change the January MAR to be</p>	R 008		7-13 2013

Residential Care/Assisted Living

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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - ORCH		STREET ADDRESS, CITY, STATE, ZIP CODE 2150 SOUTH ORCHARD BOISE, ID 83705		
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R 008	<p>Continued From page 14</p> <p>consistent with the Coumadin order received on 12/21/12, which resulted in Resident #2 receiving 2 incorrect doses of Coumadin.</p> <p>B. January 4th through 15th</p> <p>Facility progress notes, dated 1/3/13, documented Resident #2 had a 1.7 INR result which had been faxed to the physician.</p> <p>An "anti coag therapy" note, dated 1/4/13 (faxed 1/15/13), documented the new order was changed to:</p> <ul style="list-style-type: none"> * 6 mg today only (1/4/13) * 4 mg Sunday and Wednesday * 2 mg all other days of the week (Monday, Tuesday, Thursday, Friday and Saturday) <p>The "anti coag therapy" note also documented, the dose was confirmed with the resident's "caregiver" on 1/4/13. The note also documented, it was initially faxed to the facility on 1/4/13.</p> <p>Facility progress notes, dated 1/13/13, documented the administrator called the physician as the facility had not received the newest Coumadin orders.</p> <p>The January 2013 MAR, documented the resident was assisted with the following doses of Coumadin:</p> <ul style="list-style-type: none"> 1/4 - 2 mg (should have received 6 mg) - due to INR result 1/6 (Sunday) - 2 mg (should have received 4 mg) 1/13 (Sunday) - 2 mg (should have received 4 mg) <p>The current Coumadin orders (dated 1/4/13) were</p>	R 008	<p>Resident #2's Warfarin Discontinued and placed on Aspirin.</p> <p>Medication Technicians in serviced on the 6 Rights to ensure residents are receiving the correct medications and dosage, and who to contact if the medication and dosage does not match the EMAR/MAR.</p> <p>The Administrator or designee will audit the orders, medications, EMAR/MAR each month to assure accuracy that the medications are given or held according to MD Orders, and that all medications are packaged correctly according to the six Rights.</p> <p>A Lab book/calendar will be set up and staff in serviced to assure that labs are completed according to MD orders.</p> <p>Administrator or Designee will complete and audit monthly to assure medications are administered according to MD orders with oversight from facility nurse and Operations Director.</p>	2/2/13 2013

Residential Care/Assisted Living

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R 008	<p>Continued From page 15 not added to the MAR until 1/15/13.</p> <p>The facility failed to ensure Resident #2's current Coumadin orders were received and implemented in a timely manner. This resulted in Resident #2 not receiving the appropriate Coumadin on 3 occasions between 1/4 and 1/13/13. The resident received the incorrect amount of Coumadin a total of 5 times in January.</p> <p>C. February 22nd through March 25th</p> <p>A lab note, dated 2/22/13, documented Resident #2 missed a blood test. The note also documented the blood test was needed to evaluate the effectiveness of the Coumadin medication. The note further documented, staff were to call the clinic if "unable to have your protime done, or if there are other changes we should know about."</p> <p>Resident #2's record did not contain any follow-up to the 2/22/13 protime lab note nor was there documentation a blood draw had occurred in the month of February. There were also no new Coumadin orders from February or the first part of March in Resident #2's record.</p> <p>The March 2013 MAR documented the resident received or did not receive the following Coumadin doses:</p> <ul style="list-style-type: none"> * 3/1 and 3/4 received 2 mg of Coumadin * 3/2 and 3/3 Coumadin was not given * between 3/5 and 3/24/13 both the 2 mg and 4 mg doses were not given. Twenty doses of Coumadin were not given. <p>An "anti coag therapy" note, dated 3/25/13,</p>	R 008		7-13 2013

PRINTED: 06/10/2013
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Residential Care/Assisted Living

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R 008	<p>Continued From page 16</p> <p>documented Resident #2 received a blood draw on 3/22/13 and the result was an INR of 1.3. Additionally, the note documented the "prontime" nurse called the facility regarding Resident #2's INR results and then followed up with facility nurse. The note documented, "for some unknown reason [Facility's name] had been holding warfarin (Coumadin) since March 1st. [Facility's name] has been unable to find an order to hold warfarin and the manager who was there is no longer there. [Facility Nurse's name] will resume warfarin today at [Resident's name] previous dose...." Additionally, the note documented Resident #2 had "subtherapeutic INR due to: currently holding for unknown reason."</p> <p>According to "The Journal of Human Pharmacology and Drug Therapy (2008;28(8):960-967)," "Subtherapeutic anticoagulation has been established as a risk for stroke in atrial fibrillation. In a previous case-control study, the odds of stroke doubled with INR values equal to 1.7 and tripled with an INR of 1.5 or less, compared with INR values of 2.0 or greater." Resident #2's INR of 1.3 on 3/22/13, tripled the resident's risk of stroke.</p> <p>RN progress notes, dated 3/25/13, documented a nurse from the "anti coag clinic" had called the facility nurse to notify her that Resident #2 had a INR of 1.3. Additionally, the progress note documented the "anti coag clinic" nurse had been told by someone at the facility, that Resident #2's Coumadin had been held since the first of March. The progress note documented the facility nurse determined the previous manager had entered a hold order on the MAR; however a hold order could not be located. The progress note further documented, new Coumadin orders were sent to facility and the medication would be started today</p>	R 008		7-13 2013
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R 008	<p>Continued From page 17 at current dose.</p> <p>On 5/30/13 at 10:04 AM, the facility nurse stated she had received a call from the anticoagulation clinic and they had wanted to know why Resident #2 had been off of her Coumadin. The facility nurse stated she saw that it was being held, but could not find an order to hold it. The facility nurse stated, she worked with the clinic to re-establish Coumadin orders. Additionally, the facility nurse stated she could not explain what had happened.</p> <p>On 5/30/13 at 10:50 AM, the current assistant administrator stated when she began employment at the facility, Resident #2's Coumadin had been on hold for awhile.</p> <p>The facility did not ensure Resident #2 received her blood draws in February in order to ensure Coumadin was at an appropriate therapeutic level. Additionally, the facility placed Resident #2's Coumadin on hold for 19 days, without a physician's order and without receiving clarification as to whether or not this was appropriate. As a result, the resident ended up having a subtherapeutic INR level of 1.3. According to the Journal of Human Pharmacology and Drug Therapy, this INR level, tripled the risk of Resident #2 suffering another stroke.</p> <p>The facility did not provide appropriate assistance and monitoring of Resident #2's Coumadin.</p> <p>The facility failed to provide supervision to ensure Residents #1, #2 and #3's dietary and Activities of Daily Living needs were met. Additionally, the facility failed to provide appropriate assistance and monitoring of medications for Resident #2.</p>	R 008		7-13 2013

Reset Form

Print Form



IDAHO DEPARTMENT OF HEALTH & WELFARE

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

ASSISTED LIVING
Non-Core Issues
Punch List

Table with 3 columns: Facility Name, Administrator, Team Leader, Physical Address, City, Survey Type, Phone Number, Zip Code, Survey Date.

NON-CORE ISSUES

Table with 5 columns: Item #, RULE #, DESCRIPTION, DATE RESOLVED, L&C USE. Contains 12 rows of non-core issues.

Table with 3 columns: Response Required Date, Signature of Facility Representative, Date Signed.

Reset Form

Print Form



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MEDICAID LICENSING & CERTIFICATION - RALF
P.O. Box 83720
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Table with 3 columns: Facility Name, Physical Address, Phone Number; Administrator, City, Zip Code; Team Leader, Survey Type, Survey Date.

NON-CORE ISSUES

Table with 5 columns: Item #, RULE #, DESCRIPTION, DATE RESOLVED, L&C USE. Contains 5 rows of non-core issues.

Response Required Date: 06/30/13; Signature of Facility Representative; Date Signed: 5/31/13



HEALTH & WELFARE Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
3232 W. Elder Street, Boise, Idaho 83705
208-334-6626

Critical Violations

Noncritical Violations

Establishment Name <u>Ashtley Manor Orchard</u>		Operator <u>Charlotte Martin</u>	
Address <u>2150 S Orchard</u>			
County <u>ADA</u>	Estab #	EHS/SUR#	Inspection time: <u>11:00 AM</u>
Inspection Type: <u>Standard High</u>		Risk Category:	Travel time:
Follow-Up Report: OR		On-Site Follow-Up:	Date:
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.			

# of Risk Factor Violations	<u>2</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations		# of Repeat Violations	
Score	<u>2</u>	Score	<u>0</u>
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection		A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection	

RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection.

	Demonstration of Knowledge (2-102)	COS	R
X N	1. Certification by Accredited Program, or Approved Course, or correct responses, or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health (2-201)			
X N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices			
Y N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
X N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination			
X N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
X N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
X N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
X N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
X N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination			
X N N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
Y X N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
X N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
X N N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
X N N/O N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
X N N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y X N/O N/A	20. Date marking and disposition (3-501)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
Y N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
Y N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
Chemical			
Y N N/A	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures			
Y N N/A	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance N = no, not in compliance
N/O = not observed N/A = not applicable
COS = Corrected on-site R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Beef-croquet</u>	<u>100</u>	<u>Yogurt</u>	<u>42</u>				
<u>Hann-Fridge</u>	<u>42</u>	<u>Mushroom Soup-Fridge</u>	<u>39</u>				

GOOD RETAIL PRACTICES (X = not in compliance)

	COS	R		COS	R		COS	R
<input type="checkbox"/> 27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35. Equipment for temp. control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49. Other	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) <u>[Signature]</u>	(Print) <u>Tiffany Masias</u> Title <u>Manager</u>	Date <u>5/13/13</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inspector (Signature) <u>[Signature]</u>	(Print) <u>Rachel Coey</u>	Date <u>5/31/13</u>	



Residential Assisted Living Facility Program, Medicaid L & C
3232 W. Elder Street, Boise, Idaho 83705
208-334-6626

Page 2 of 2
Date 5/29/13

Establishment Name Ashley Manor Orchard	Operator Charlotte Martin
Address 2758 S Orchard	
County Estab # ADA	EHS/SUR.# License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

12 The facility cook utilized a dish cloth & water only to clean kitchen surfaces.

20 Not all leftovers in the refrigerator were date marked the facility corrected on-sight.

43 ~~The facility did not have a thermometer for taking food temperatures.~~

Evidence of resolution due 6/10/13

Person in Charge 	Date 5/31/13	Inspector Michael Coy	Date 5/31/13
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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: 208-334-6626
FAX: 208-364-1888

June 5, 2013

Charlotte Martin, Administrator
Ashley Manor Care Centers Inc - Orchard
Po Box 1176
Meridian, ID 83642

Dear Ms. Martin:

An unannounced, on-site complaint investigation and licensure survey was conducted at Ashley Manor Care Centers Inc - Orchard between May 29, 2013 and May 31, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005872

Allegation #1: A caregiver made the determination to withhold a resident's pain medication.

Findings #1: Substantiated. However, the facility was not cited as the deficient practice was corrected prior to the survey. The facility did receive a deficiency at 16.03.22.300.02 for not implementing medication orders in a timely manner. Additionally, the facility received a deficiency at 16.03.22.520 for not providing appropriate assistance and monitoring of medications. The facility was required to develop a plan of correction and submit evidence of resolution.

Allegation #2: The facility did not appropriately track narcotics.

Findings #2: Substantiated. However, the facility was not cited as the deficient practice was corrected prior to the survey. On 5/30/13, all narcotics were compared with the narcotic tracking sheets and were observed to be congruent.

Allegation #3: Medication assistance records did not accurately reflect medications given.

Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.711.08.b for not ensuring the medication assistance record accurately reflected medication usage. The facility was required to submit evidence of resolution within 30 days.

Charlotte Martin, Administrator
June 5, 2013
Page 2 of 2

Allegation #4: Medications were not given as ordered.

Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.520 for not providing appropriate monitoring and assistance of medications. The facility was required to submit a plan of correction.

Allegation #5: The facility did not utilize appropriate cleaning and sanitizing techniques in the kitchen.

Findings #5: Substantiated. The facility was issued a deficiency for not utilizing appropriate sanitization techniques according to the Idaho Food Code, and was required to submit evidence of resolution within 10 days.

Allegation #6: Residents were not receiving the necessary assistance with ADLs (activities of daily living).

Findings #6: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.520 for not ensuring residents received the necessary assistance with ADLs. The facility was required to submit a plan of correction.

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,

Rachel Corey, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

rc/rc

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