



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

November 26, 2013

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

License #: Rc-557

Dear Ms. Howard:

On October 22, 2013, a Complaint Investigation State Licensure survey were conducted at Ashley Manor - Beverly Hills. 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 Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

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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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626
FAX: 208-364-1888

November 1, 2013

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

Dear Ms. Howard:

Congratulations to both you and your staff on your recent complaint investigation and licensure survey which was conducted at Ashley Manor - Beverly Hills, Ashley Manor LLC on October 22, 2013. No core deficiencies were found and you had three or fewer non-core deficiencies cited during your survey, which qualifies you for a *Silver Excellence in Care Award*.

This award demonstrates that you have worked exceptionally hard to meet the requirements set forth in the Rules for Residential Care or Assisted Living Facilities. Thank you for providing excellent care and ensuring the residents you serve live in a clean, safe and home-like community.

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 **October 22, 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.

Again, congratulations to you and your staff for a job well done.

Sincerely,

The Residential Assisted Living Facility Survey Team

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R557	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2013
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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - BEVERLY HILLS, ASHLEY I	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
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 investigation survey conducted on 10/22/2013 at your facility. The surveyors conducting the survey were:</p> <p>Rachel Corey, RN Team Coordinator Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____



IDAHO DEPARTMENT OF

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>Ashtey Manor Beverly Hills</u>		Operator <u>Jodi Howard</u>	
Address <u>861 Beverly Hills Drive</u>			
County <u>Payette</u>	Estab #	EHS/SUR#	Inspection time: <u>7 AM @ 12:00 PM</u> Travel time:
Inspection Type: <u>Standard</u>	Risk Category: <u>High</u>	Follow-Up Report: OR On-Site Follow-Up:	Date: _____ Date: _____
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.			

# of Risk Factor Violations <u>1</u>	# of Retail Practice Violations <u>0</u>
# of Repeat Violations _____	# of Repeat Violations _____
Score <u>1</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
<input checked="" type="checkbox"/> 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)			
<input checked="" type="checkbox"/> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices			
<input checked="" type="checkbox"/> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination			
<input checked="" type="checkbox"/> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
<input checked="" type="checkbox"/> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination			
<input checked="" type="checkbox"/> N	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	13. Returned / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<input checked="" type="checkbox"/> N	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
<input checked="" type="checkbox"/> N	22. Consumer advisory for raw or undercooked food (3-603)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
<input checked="" type="checkbox"/> N	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
Chemical			
<input checked="" type="checkbox"/> N	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures			
<input checked="" type="checkbox"/> N	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>Ham - Fridge</u>	<u>40.3</u>	<u>Eggs - stove</u>	<u>147°</u>	<u>Chicken</u>	<u>172</u>		
<u>Yogurt - Fridge</u>	<u>39.8</u>	<u>Sauces</u>	<u>168</u>	<u>Mexican cheese</u>	<u>170</u>		

GOOD RETAIL PRACTICES (= 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 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. Surfaces 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>Jodi Howard</u>	Person in Charge (Print) <u>Jodi Howard</u>	Title <u>Admin</u>	Date <u>10-22-13</u>
Inspector (Signature) <u>Rachel</u>	Inspector (Print) <u>Rachel</u>	Date <u>10-22-13</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



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November 1, 2013

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

Dear Ms. Howard:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - Beverly Hills, Ashley Manor LLC on October 22, 2013. At that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006090

Allegation #1: The facility did not assist residents with medications as ordered by their physicians.

Findings #1: On 10/22/13 at 10:30 AM, the administrator stated there was a time when a caregiver forgot to give three residents their scheduled medications. She stated, the caregiver was taken off of the medication cart, and the residents' physicians were notified. She retrained staff so that, at change of shift, they must verify with the oncoming shift that all medications were given. She further stated, the computer medication system generated a report of missed medications, for which she monitored at least every other day. A written report in the employee's record was congruent with the administrator's interview.

On 10/22/13 at 8:00 AM, assistance with medications was observed for all of the nine residents who resided at the facility. All residents were observed receiving their 8:00 AM medications as ordered by their physicians.

Three sampled residents' records were reviewed. The medication assistance records documented medications were given according to physician orders. Additionally, all medications were observed to be available as ordered.

On 10/22/13, between 7:00 AM and 2:00 PM, three interviewable residents stated they were unaware of a time when they had not received the appropriate medications.

On 10/22/13, between 7:00 AM and 2:00 PM, four caregivers stated they were unaware of a time when residents did not receive their medications. They stated, if a resident refused a medication, they would document the refusal, notify the nurse and the physician. They further stated, they were unaware of a time when medications were not available.

On 10/22/13 at 7:30 AM, a hospice nurse stated she was unaware of a time when the residents did not receive medications as ordered.

On 10/22/13 at 8:55 AM, the ombudsman stated he had not received complaints from residents regarding not receiving their medications as ordered.

On 10/22/13, at 10:45 AM, the facility RN stated she reviewed medication assistance records during her visits to ensure residents received their medications as ordered. She was unaware of residents not receiving their medications.

Substantiated. However, the facility was not cited as they implemented a system to ensure residents received their medications as ordered and current residents were observed to receive their medications as ordered.

Allegation #2: The facility falsified medication assistance records, medication disposal records, and incident reports.

Findings #2: On 10/22/13, four sampled residents' medication assistance records were reviewed. It could not be determined the records were falsified, as all medications were observed to be available and congruent with the medication records and physician orders. Additionally, the residents were observed receiving their 8:00 AM medications as ordered and staff documented appropriately.

On 10/22/13, medication disposal records were reviewed and documented legitimate reasons for disposal of medications. A signature of a witness who observed the disposal of the medication was documented. It could not be determined the disposal records were falsified.

Incident reports from April 2013 until the present date were reviewed. Incident reports were detailed regarding the events of the incidents and included an investigation from the administrator. It could not be determined that incident reports were falsified.

On 10/22/13 from 7:00 AM until 2:00 PM, four caregivers were interviewed. They denied being told to falsify documentation.

On 10/22/13 at 10:30 AM, the administrator stated she was unaware of a time when caregivers did not document factual information.

On 10/22/13 at 10:45 AM, the facility RN stated as far as she knew, staff documented appropriately.

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

Allegation #3: The facility administration did not respond in writing to all complainants within 30 days.

Findings #3: On 10/22/13 at 9:55 AM, a regional manager was interviewed. She stated she had not received complaints from anyone regarding the facility. She stated, if she had, she would investigate the allegations and provide the complainant a written response.

On 10/22/13 at 10:40 AM, the administrator stated she documented each complaint received from family members, residents or staff members, and provided a written response upon investigation.

On 10/22/13, between 7:00 AM and 2:00 PM, three interviewable residents stated they had not complained about anything to the administrator.

The complaint log was reviewed. It documented the date complaints were received, the investigation, and the date a written response was provided to the complainant.

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

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,



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

RC/TFP

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