PLAN OF CORRECTION

Ashley Manor - Storybook Way
126 North Storybook Way
Eagle ID 83616

Provider ID: RC-833

On 08/17/2023, a Health Care Complaint Investigation survey was conducted by Department staff at Ashley Manor - Storybook Way. As a result of the survey, core issue deficiencies were cited with the following plan of correction.

Rule Violation .215.03. Lapse of Administrator.

Describe what corrective actions will be accomplished for those residents/personnel/area found to have been affected by the deficient practice.

As of 8/23/2023 We moved one of our Administrator in Trainings to Eagle 1 & 2 to be the current Administrator. The facility and residents deserve to have a licensed Administrator that is dedicated to only the Eagle Campus. All families and staff have been notified and are aware of who the Current Administrator is - Dallas Tschida.

Describe how the provider will identify other residents/personnel/areas having the potential by the same deficient practice and what corrective action(s) will be taken.

We are encouraging an open door policy for staff, families & outside agencies to reach out to Operations as well as current Administrator with any concerns or issues they are having.

Describe how the corrective action will be monitored to ensure the deficient practice does not recur (QA program).

We will continuously encourage current assistants and house managers to pursue getting licensed so we are not short on licenses.

Date when corrective action will be completed.

August 23, 2023

Program Comments

I am rejecting this plan of correction. The second and third components are not met. Having an open door policy and "encouraging" assistants and house managers to pursue getting licenses is not adequate. Please re-submit an acceptable plan of correction.

NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Ashley Manor - Storybook Way	RC-833	126 North Storybook Way	208-939-4602
Administrator	City	Zip Code	Survey Date
Serina Williams	Eagle	83616	08/17/2023
Survey Team Leader	Survey Type		Response Due
Bollinger, Torrey	Health Care Complaint Investigation		09/16/2023

Item #	Rule (16.03.22)	Description
1	.001.03. General Provider Responsibilities.	The Licensee did not provide necessary resources to ensure the facility operated consistent with the rules and statutes. Previous administrators stated they were unable to perform their administrative duties due to working on the floor as caregivers for several weeks at a time and did not receive support or training by the corporation to manage the facility. Previous administrators stated they spoke to the "higher ups" several times requesting to not admit new residents when they were short staffed and the corporation continued to admit new residents. Previous administrators stated they were assigned to other facilities as a shared plan of operation and were spread "too thin" to be responsible for the day-to-day operation of the facility.
2	.215. REQUIREMENTS FOR A FACILITY ADMINISTRATOR.	The facility did not have a licensed administrator from 3/15/23 to 3/20/23 and from 7/2/23 to 8/6/23. The current administrator stated she was not the acting administrator until 8/7/23.
3	.260.06. Toxic Chemicals.	The facility was not maintained in a clean, safe and orderly manner. For example: The facility's front and back courtyards were observed to have multiple weeds, and the grass was overgrown. House #1's exterior front porch was observed to

		have several cigarette butts on the ground. House #1's exterior courtyard was observed to have a raised concrete slab, which posed a tripping hazard for the residents. House #1's interior had a very strong odor of urine in the common areas and in room 4 on multiple days. Multiple staff and family members stated house #1 had smelled like urine for several months. The administrator stated she was working on maintenance issues.
4	.330.06.a. Additional Resident Records.	The facility did not evaluate the following behaviors: Resident #2's behaviors of destruction of property, verbal aggression and refusals; Resident #4's behaviors of being physically aggressive towards other residents; nor Resident #6's physical/verbal aggression and refusals of care. The administrator confirmed the facility had not completed evaluations for Resident #2, #4, nor #6's maladaptive behaviors.
5	.330.06.b. Additional Resident Records.	The facility did not develop plans with interventions after residents engaged in maladaptive behaviors. See non-core deficiency 330.06.a for examples.
6	.600.02. Detached Buildings or Units.	From 8/15/23 to 8/17/23, staff were observed leaving their buildings unattended on three different occasions for short periods of time. Multiple staff members staff stated buildings were left unattended for short periods of time. The previous administrators stated this happened frequently on all shifts due to not having enough staff.

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Serina Williams	Eagle	83616	08/17/2023
Survey Team Leader	Survey Type		Response Due
Bollinger, Torrey	Health Care Complaint Investigation		08/27/2023

Item #	Rule (16.03.22)	Description
2	.215.03. Lapse of Administrator.	Based on record review and interview, it was determined the facility failed to retain a licensed administrator for the day-to-day operations of the facility for a period greater than 30 days. The findings include: IDAPA 16.03.22.010.20.e defines a core issue as any one of the following: "A situation in which the facility has operated for more than thirty (30) days without a licensed administrator overseeing the day-to-day operations of the facility." IDAPA 16.03.22.100.04 documents, "Each facility must have an administrator." IDAPA 16.03.22.215 documents, “Under Section 39-3321, Idaho Code, each facility must have one (1) licensed administrator assigned as the person responsible for the day-to-day operation of the facility. Multiple facilities under one (1) administrator may be allowed by the Department based on an approved plan of operation.” IDAPA 16.03.22.215.03 documents, “If the facility operates for

		more than thirty (30) days without a licensed administrator, it will result in a core issue deficiency." IDAPA 16.03.22.215.09 documents, "Administrator's Designee. A person authorized in writing to act in the absence of the administrator. An administrator's designee may act in the absence of the administrator for no longer than (30) consecutive days when the administrator is on vacation, has days off, is ill, or is away for training or meetings." According to the Facility Licensing and Certification database (FLARES), Tracy White RCA-2331, started on 3/21/23, and her last day was 7/1/23. Serina Williams was the current administrator as of 8/7/23. There were no communications received from the facility regarding Tracy White no longer being the administrator and Serina Williams being the current administrator. Between 8/15/23 and 8/17/23, eight staff members, the facility nurse, and five family members did not know who the current administrator was. On 8/16/23 at 10:07 AM, Tracy White stated her last day of employment was 6/30/23. On 8/15/23 at 11:42 AM, Serina Williams stated she was assigned as the facility administrator on 8/7/23. Serina Williams stated she was aware the facility had a lapse of an administrator for more than 30 days. The facility operated without an approved licensed administrator from 7/2/23 through 8/6/23. For 35 days, there was not a licensed administrator overseeing the day-to-day

		operations at the facility. This resulted in a core deficiency.