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
Dallas Tschida	Eagle	83616	02/16/2024
Survey Team Leader	Survey Type		Response Due
Oldfield, Michael	Health Care Licensure and Follow-Up + complaint investigation		03/17/2024

Item #	Rule (16.03.22)	Description
1	.009.03.b. Availability to Work.	One of seven staff members, whose personnel records were reviewed, was observed to work alone on 2/16/24 without having a completed criminal history background. The administrator stated the employee worked alone without a completed background check.
2	.151. ACTIVITY REQUIREMENTS.	During observations at the facility from 2/13/24 to 2/16/24, no activities were offered to the residents other than watching movies in the common area. Facility staff stated there no activities offered aside from watching television. Residents who were able to interviewed stated the only activities offered was watching television or movies.
3	.215.08.d. Written Response to Complaint within Thirty Days.	The administrator did not provide a written responses to complaints within 30 days when they complained about staff not having the temperment to work with memory care residents, missing items and lack of staff to meet residents' needs. The administrator stated he had received concerns verbally and did not respond to those concerns in writting.
4	.215.08.f. Notification to Licensing Agency within One Business Day.	The facility did not notify Licensing and Certification (L&C) within one business day when Resident #2 on would not come in from the secured courtyard on 9/11/23 and EMS was called and completed an assessment; and when Resident #3 had a

		fall on 1/12/24 hitting their head and required an assessment at the hospital. The administrator stated the incidents were not reported to L&C.
5	.260.07. Toxic Chemicals.	Between 2/13/24 and 2/14/24 toxic chemicals were observed to be stored in unlocked laundry rooms in each building and were accessible to cognitively impaired residents. The facility administrator stated chemicals needed to be secured.
6	.310.01.c. Medication Distribution.	The temperatures of the facility's medication refrigerator in Building #2, which contained insulin, were not monitored and documented daily. The facility had not documented temperatures for seven days in January 2024, and for seven days in February 2024. The facility did not maintain the medication refrigerator temperatures between 38 degrees F and 45 degrees F. For example, the temperatures were documented to be out of range 14 times in January 2024, and were as low as 30 degrees F. Temperatures in February 2024 were out of range twice and were as low as 29 degrees F. ***Previously cited on 1/19/23***
7	.320.03. Signature, Date, and Approval of Agreement.	Five of Five sampled residents (#1-#5) did not have their Negotiated Service Agreements (NSAs) signed by the residents or their legal representative. The administrator confirmed the NSAs were not signed.
8	.330.06.a. Additional Resident Records.	The facility did not evaluate Resident #2's behaviors of physical aggression and refusals of care, and Resident #5's aggression, combativeness and resisting care. The administrator confirmed the facility had not completed evaluations for Resident #2 and #5's maladaptive behaviors.
9	.330.06.b. Additional Resident Records.	The facility did not develop interventions after residents engaged in maladaptive behaviors. See non-core deficiency 330.06.a for examples.
10	.450. REQUIREMENTS FOR FOOD AND NUTRITIONAL CARE SERVICES.	The facility did not meet the standards for the Idaho Food Code, and the kitchen inspection failed. A mandatory re-inspection was required within 10 days.