PLAN OF CORRECTION

Ashley Manor - Midland
67 South Midland Boulevard
Nampa ID 83651

Provider ID: RC-536

On 01/16/2025, a Health Care Complaint Investigation survey was conducted by Department staff at Ashley Manor - Midland. 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.

I have obtained my provisional license and have requested a date to take my final exam to meet State and facility regulations

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.

Assistant administrators are offered to got through the company leadership program and to obtain their Administrators license so when a facility requires new leadership we will have someone licensed and ready to step in to assist the company

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

As soon as i secure a test date I will have my license on the building, The regional director has obtained her license as well to ensure this does not happen again.

Date when corrective action will be completed.

January 23, 2025

Program Comments

NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Ashley Manor - Midland	RC-536	67 South Midland Boulevard	208-461-1452
Administrator	City	Zip Code	Survey Date
Heather Marrs	Nampa	83651	01/16/2025
Survey Team Leader	Survey Type		Response Due
Walker, Jenny	Health Care Complaint Investigation		02/15/2025

Item #	Rule (16.03.22)	Description
1	.215. REQUIREMENTS FOR A FACILITY ADMINISTRATOR.	The facility operated without a licensed administrator from 6/30/24 through 8/19/24. For 51 days, there was not a licensed administrator overseeing the day-to-day operations at the facility. The regional director confirmed the facility did not have a licensed administrator during that time frame.
2	.330. REQUIREMENTS FOR FACILITY RECORDS.	The administrator did not ensure the facility's records were complete and accurate. For example, during narcotics count observations in both houses, the facility's electronic medication administration record (eMAR) did not accurately document the number of narcotics given to match the paper narcotics count system. Also, Resident #5's MAR from 5/23/24 to 5/30/24 and from 6/1/24 to 6/16/24, did not document their daily blood glucose (BG) results. The facility nurse stated staff needed additional training to click the correct spot in the eMAR system to match the current narcotics paper count. The facility nurse stated she was unable to provide the BG results for Resident #5.

CORE ISSUES

Facility	License #	Physical Address	Phone Number
Ashley Manor - Midland	RC-536	67 South Midland Boulevard	208-461-1452
Administrator	City	Zip Code	Survey Date
Heather Marrs	Nampa	83651	01/16/2025
Survey Team Leader	Survey Type		Response Due
Walker, Jenny	Health Care Complaint Investigation		01/26/2025

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 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.” 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." According to the FLARES, Caylee Hughes was the licensed administrator from 5/1/24 to 6/29/24 and Heather Luther was the provisionally licensed administrator from 8/20/24 to 10/21/24. The facility did not have a licensed administrator assigned to the facility from 6/30/24 to 8/19/24. Between 1/14/25 and 1/16/25, multiple staff stated they did not know who the licensed administrator was between Caylee Hughes and Heather Luther. On 1/15/25 at 2:45 PM, the facility registered nurse stated there was a gap of not having a licensed administrator between Caylee Hughes and Heather Luther. On 1/16/24 at 8:50 AM, Heather Luther stated she obtained a Provisional Residential Assisted Living Facility Administrator license on 8/20/24. She stated there was a gap of a licensed administrator between Caylee and herself. The facility operated without a licensed administrator from 6/30/24 to 8/19/24. For 51 days there was no licensed administrator to oversee the day-to-day operations of the facility. This resulted in a core deficiency.