

C.L. "BUTCH" OTTER - GOVERNOR RICHARD M. ARMSTRONG - DRECTOR

LESLIE M. CLEMENT—DEPUTY DIRECTOR LICENSING AND CERTIFICATION P.O. Box 83720 Boise, Idaho 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

January 31, 2012

Cathy McKay, Administrator Ashley Manor - Buttercup Trail 1210 Buttercup Trail Kimberly, ID 83341

Dear Ms. McKay:

On January 25, 2012, a State Licensure survey was conducted at Ashley Manor - Buttercup Trail. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

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 February 24, 2012.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Program Supervisor

Residential Assisted Living Facility Program

JS/gk

Enclosure

Reset Form

Print Form



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

Ashley Manor Buttercup Trail	Physical Address 1210 Buttercup Trail	Phone Number 208-423-5971
Administrator Cathy McKay	City Kimberly	Zip Code 83341
Team Leader Gloria Keathley	Survey Type Licensure and Follow-up	Survey Date 01/25/12

NON-CORE ISSUES

Item#	RULE# 16.03.22	DESCRIPTION	DATE L&
1	300.02	The facility did not implement Resident #3's mechanical soft diet.	2-21-12 g/
2	305.08	The facility did not educate facility staff on mechanical soft diets.	2-21-128
3	455	The facility did not follow their planned menu, such as not providing residents with juice and milk at breakfast. The facility did not have the	2-21-128
	-	required items available on 1/24/12 for the supper meal nor did they have similar items to substitute.	ζ 1
1	630.02	One of five staff did not have mental illness training.	2-21-12-82-
5	630.03	One of five staff did not have developmental disability training.	2-21-12-82-
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esponse	Required Date	Signature of Eacility Representative	Date Signed

Response Required Date

02/24/12

Date	1-	d	5	~/	4	Page	/	/	of_	2
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IDAHO DEPARTMENT OF

HEALTH & WELFAREFood Establishment Inspection Report

Food Protection Program, Division of Health 450 W. State Street, Boise, Idaho 83720-0036 208-334-5938

Establishment Name Munor—Bulloup Coperator Address 1) 10 Bulloup Toul County Estab# EHS/SUR.# Inspection time: Sun Mem 12 PM Inspection Type: Risk Category: Follow-Up Report: OR On-Site Follow-Up:										# of Risk Violation # of Repe Violation Score	s at s	<u>/</u>	# of Retail Practice Violations # of Repeat Violations Score	<u>/</u> <u>/</u> _/	_
Starle		1154		Date: _		_	Date	:		A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection A score greater than 3 Med or 8 High-risk = m on-site reinspection				nandatory	
- 10 mg	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.														
	Demon	etration of	Knowledge	(2.102)	- m, v -v	cos	R		- 10	Potenti	ally Haz	rardous Foot	Time/Temperature	COS	R
6 N	Certification b					٥	_	X N N/O I	VA .						â
ŇΝ	Course; or corre				Code	J	Y N N/O N/A 15. Proper cooking, time and temperature (3-401) Y N N/Q N/A 16. Reheating for hot holding (3-403)						<u>-</u>	금	
,		· · ·	Health (2-201) . · · · ·	` <u>`</u>		Y N N/O N/A 17. Cooling (3-501)							一	
χN	2. Exclusion, re		<u>, , , , , , , , , , , , , , , , , , , </u>					1 OWN X	-	18. Hot ho!		-		П	
			enic Practice					A OM N X		19. Cold Ho					
Λ'N Λ'N	3. Eating, tasting							Y N NO N				nd disposition	(3-501)	Ù	
/Ύ Ν	4. Discharge fro					Ľ		Y N N/O N			a public	e health contr	ol (procedures/records)		
∕y N	5. Clean hands,			to de faith	MOII			1 11 72 1	74.	(3-501)		onsumer Ad	dada to the total	\dashv	_
	6. Bare hand co				mption	_				22 Consu			r undercooked food		_
N	(3-301)		,					Y N NA		(3-603)	1101 4401	001) 101 1011 0	and or out of the control of the con		
Χи	7. Handwashing	facilities (5-203 & 6-301	1)								Susceptible I			
			ed Source					1 OW N Y	WA :			ods used, avo	idance of		
у ′ N	8. Food oblaine			/ profibiled foots (3-601)						$\overline{}$	_				
γN	Receiving ten														
Y N NJA	10. Records: sh		js, parasite de [3-202 & 3-20		ß,		OF This patrice and the SS date of the SS						_		
			n Contamina					Y N		7 -101 thro			onunou, otorou, acou		
∜ N N/A					3-302)								ved Procedures		
Y N NA	10 Food contact aufocos clean and conitized							Y N N/A	:	26. Compli	ance wit	h varianco an	d HACCP plan (8-201)		
Y N NA	(4-5, 4-6, 4-7)														
γN	13. Returned / r									complianco bserved		N = no, no N/A = not	t in compliance		
[₩ N	14. Discarding /	recondition	ning unsafe fo	od (3-70	11)					oservea ected on-site	e	R=Repeat			
· 										⊠	= CO2	or R			
item/i	Location	Temp	ı	tem/Loc	ation		Temp Item/Location Temp Item/Location					Item/Location	eza T	Tem	
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Luken		190	V 65911	Suck	2.17	14	40	7			<u> </u>			\neg	
0		1	///	-/		-/-									
					GOOD R	ETAIL	PRACTIC	ES (⊠= not in co	mplia	nce)					
				coa	R				cos	_				CCS	R
27. Use of ic	e and pasteurized eg	gs						contamination			<u> </u>	42 Foodulensi	s/in-use		
⊒ 26. Waterso	ource and quantity						35, Equipa control	ment for temp.				43. Thermomele	ers/Test strips		
29. insects/re	odents/animats							nai cleantiness		1-		44. Ware vashir	a facêtv		
20 Fand an	d non-food contact su	ıfaces cons	fructed,							+			· ·		
cteanable, us	se						31. F00d	abeled/condition				45. Wiping eleth	15		
☐ 31∂Plumbing prevention	g installed, cross-con	nection, back	(I IO W				38. Plant f	ood cooking				46. Utensil & sir	ig'e-service storage		
<u> </u>					図	39. Thawi	ng	Ø			47. Physical fac	talies .			
33. Sinks contaminated from cleaning maintenance tools						40. Toilet	facilities		1 = 1		48 Specia§zed	processing methods		ā	
						<u> </u>	41. Garba	ge and refuse		1 =		49. Other		<u> </u>	<u> </u>
			ABer	DUATIO	LIO ALID	_	of sposal	CTIONS (CONTIN		_		y tar ta'r t	The state of the s	J	
, and the second			OBSE	OILAVA	NO AND	ÇÜK	KEU HVE A	CTIONS (CONTIN	UEU (M MEXI F	AGE)			1 35.250	C892 1F
rson in Charge	(Signature)			(Print)	At	ky/.	neka	C/ Title / / Date /	$\sqrt{}$	Date	1.0	35-/	-		
spector (Signati	(ure)			(Print)	Noc	he f	Core	Date /	2	5-12		1	Follow-up: Yes (Circle One) No	5	



Food Establishment Inspection Report

Food Protection Program, Office of Epidemiology 450 West State Street, Boise, Idaho 83702 208-334-5938

Establishme	nt Name	Burgatail	Operator (1)	Mila					
Address) 1109.17	I NOT THE TOTAL		<i>(1)</i>					
County	Estab #	EHS/SUR.#	License Permit #	:					
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39.	<u> </u>	orkey roas	<u>st was p</u>	luced on	the .	counter	to thaw	a-1	
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Person in Cha	tee	`	Dat	te T	Inspector	11	(Date/	
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