



FILE COPY
IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

March 9, 2011

Sam Stoddard, Administrator
Homestead Assisted Living Center Inc Of Rexburg
360 West 3500 North
Rexburg, ID 83440

FILE COPY

License #: Rc-815

Dear Mr. Stoddard:

On January 26, 2011, a Complaint Investigation and state Licensure survey was conducted at The Homestead Assisted Living Center, Inc. Of Rexburg. 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.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Matthew Hauser , Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Matthew Hauser
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/mh

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

Bureau of Facility Standards

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R815 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/26/2011 |
|--|---|--|---|---|
| NAME OF PROVIDER OR SUPPLIER HOMESTEAD ASSISTED LIVING CENTER, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 408 WEST MAIN STREET REXBURG, ID 83440 | | |
| (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 survey conducted 1/24/11 through 1/26/11 at your facility. The surveyors conducting the survey were:</p> <p>Matthew Hauser, QMRP Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p> <p>Polly Watt-Geier, MSW Health Facility Surveyor</p> | R 000 | | |

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Reset Form

Print Form



IDAHO DEPARTMENT OF HEALTH & WELFARE

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

Table with 3 columns: Facility Name, Physical Address, Phone Number; Administrator, City, Zip Code; Team Leader, Survey Type, Survey Date.

NON-CORE ISSUES

Table with 5 columns: Item #, RULE #, DESCRIPTION, DATE RESOLVED, L&C USE. Contains 5 rows of non-core issues.

Table with 3 columns: Response Required Date, Signature of Facility Representative, Date Signed.



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

February 3, 2011

Sam Stoddard, Administrator
Homestead Assisted Living Center Inc Of Rexburg
360 West 3500 North
Rexburg, ID 83440

FILE COPY

Dear Mr. Stoddard:

An unannounced, on-site complaint investigation survey was conducted at The Homestead Assisted Living Center, Inc. Of Rexburg from January 24, 2011, to January 26, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004518

Allegation #1: When an identified resident eloped from the facility, the administrator did not conduct an investigation and take corrective actions.

Findings #1: Based on interview and record review, it could not be determined an identified resident had eloped from the facility.

On 1/24/11, the facility's admission and discharge log was reviewed and did not document the identified resident had resided at the facility.

On 1/24/11, the facility's incident and accident reports were reviewed and none documented any elopements.

On 1/25/11 at 10:35 AM, the house manager stated no residents had eloped from the facility within the last 24 months.

On 1/25/11 at 9:45 AM, the administrator denied any elopements had occurred within the last 24 months. He further stated (The identified resident's name) had never resided at the facility and no one had notified the facility of any alleged elopements.

Conclusion #1: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Sam Stoddard, Administrator

February 3, 2011

Page 2 of #2

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,

A handwritten signature in black ink, appearing to read 'MH' followed by a long horizontal line.

Matthew Hauser

Health Facility Surveyor

Residential Assisted Living Facility Program

MH/mh

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

Building #2

Date 1-25-2011 Page 1 of 1



IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

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

Establishment Name: Homestead of Rexburg
 Address: 408 W. Main Street
 County: Madison Etab # _____ EHS/SUR.# _____
 Inspection Type: Standard Risk Category: High
 Operator: SAM Stoddard
 Inspection time: 11:45 PM Travel time: _____
 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 _____ | # of Retail Practice Violations _____ |
| # of Repeat Violations _____ | # of Repeat Violations _____ |
| Score _____ | Score _____ |
| 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 N/A | 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 N/A | 11. Food segregated, separated and protected (3-302) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/A | 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 N/A | 15. Proper cooking, time and temperature (3-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/A | 16. Reheating for hot holding (3-403) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/A | 17. Cooling (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/A | 18. Hot holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/A | 19. Cold Holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/A | 20. Date marking and disposition (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/A | 21. Time as a public health control (procedures/records) (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Consumer Advisory | | |
| <input checked="" type="checkbox"/> N N/A | 22. Consumer advisory for raw or undercooked food (3-603) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Highly Susceptible Populations | | |
| <input checked="" type="checkbox"/> N N/A | 23. Pasteurized foods used, avoidance of prohibited foods (3-801) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chemical | | |
| <input checked="" type="checkbox"/> N N/A | 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 N/A | 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 |
|---------------|------|---------------|------|---------------|------|---------------|------|
| Ham loaf | 190 | | | | | | |
| Soup | 178 | | | | | | |

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. Sinks 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): Sam Stoddard (Print) Sam Stoddard Title: Admin Date: 1-26-11
 Inspector (Signature): Matt Hauser (Print) MATT HAUSER Date: 1/25/2011
 Follow-up: (Circle One) Yes No

Carnage House



IDAHO DEPARTMENT OF

HEALTH & WELFARE Food Establishment Inspection Report

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

| | | | |
|--|-------------------------------|---------------------------------|---|
| Establishment Name <i>Horne Street Assisted Living Building</i> | | Operator <i>Sam Stoddard</i> | |
| Address <i>408 W Main St</i> | | | |
| County <i>Madison</i> | Estab # | EHS/SUR.# | Inspection time: <i>8:30 AM</i> |
| Inspection Type: <i>Standard</i> | Risk Category: <i>High</i> | 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 | <i>1</i> | # of Retail Practice Violations | <i>1</i> |
| # of Repeat Violations | | # of Repeat Violations | |
| Score | <i>1</i> | Score | <i>1</i> |
| 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 |
|-----------------------|---|--------------------------|--------------------------|
| <i>X</i> 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) | | |
| <i>Y</i> N | 2. Exclusion, restriction and reporting | <input type="checkbox"/> | <input type="checkbox"/> |
| | Good Hygienic Practices | | |
| <i>X</i> N | 3. Eating, tasting, drinking, or tobacco use (2-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Y</i> N | 4. Discharge from eyes, nose and mouth (2-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Control of Hands as a Vehicle of Contamination | | |
| <i>Y</i> N | 5. Clean hands, properly washed (2-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>X</i> N | 6. Bare hand contact with ready-to-eat foods/exemption (3-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>X</i> N | 7. Handwashing facilities (5-203 & 6-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Approved Source | | |
| <i>Y</i> N | 8. Food obtained from approved source (3-101 & 3-201) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Y</i> N | 9. Receiving temperature / condition (3-202) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Y</i> N <i>N/A</i> | 10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Protection from Contamination | | |
| <i>X</i> N <i>N/A</i> | 11. Food segregated, separated and protected (3-302) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>X</i> N <i>N/A</i> | 12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>X</i> N | 13. Returned / reservice of food (3-306 & 3-801) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Y</i> N | 14. Discarding / reconditioning unsafe food (3-701) | <input type="checkbox"/> | <input type="checkbox"/> |

| | Potentially Hazardous Food Time/Temperature | COS | R |
|---|--|-------------------------------------|--------------------------|
| <i>X</i> N <i>N/O</i> <i>N/A</i> | 15. Proper cooking, time and temperature (3-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Y</i> N <i>N/O</i> <i>N/A</i> | 16. Reheating for hot holding (3-403) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Y</i> N <i>N/O</i> <i>N/A</i> | 17. Cooling (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>X</i> N <i>N/O</i> <i>N/A</i> | 18. Hot holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>X</i> N <i>N/O</i> <i>N/A</i> | 19. Cold Holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Y</i> <i>X</i> <i>N/O</i> <i>N/A</i> | 20. Date marking and disposition (3-501) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Y</i> N <i>N/O</i> <i>N/A</i> | 21. Time as a public health control (procedures/records) (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Consumer Advisory | | |
| <i>X</i> N <i>N/A</i> | 22. Consumer advisory for raw or undercooked food (3-603) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Highly Susceptible Populations | | |
| <i>Y</i> N <i>N/O</i> <i>N/A</i> | 23. Pasteurized foods used, avoidance of prohibited foods (3-801) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chemical | | |
| <i>Y</i> N <i>N/A</i> | 24. Additives / approved, unapproved (3-207) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>X</i> N | 25. Toxic substances properly identified, stored, used (7-101 through 7-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Conformance with Approved Procedures | | |
| <i>Y</i> N <i>N/A</i> | 26. Compliance with variance and HACCP plan (8-201) | <input type="checkbox"/> | <input type="checkbox"/> |

Y = yes, in compliance
N/O = not observed
COS = Corrected on-site
N = no, not in compliance
N/A = not applicable
R = Repeat violation
 = COS or R

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|----------------|-------------|------------------------|-------------|--------------------|---------------|---------------|------|
| <i>eggs</i> | <i>158°</i> | <i>Salmon</i> | <i>157°</i> | <i>Nash browns</i> | <i>190°</i> | | |
| <i>lyfeggs</i> | <i>40.9</i> | <i>Market potatoes</i> | <i>39.2</i> | <i>ham loaf</i> | <i>Fridge</i> | <i>43°</i> | |

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/Teel 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 checked="" 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. Sinks 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) <i>Sam Stoddard</i> | (Print) <i>Sam Admin.</i> | Title | Date | <i>1-26-11</i> |
| Inspector (Signature) <i>[Signature]</i> | (Print) <i>Barbel Co.</i> | Date | <i>1/26/11</i> | Follow-up: (Circle One) Yes <input type="radio"/> No <input checked="" type="radio"/> |



Food Establishment Inspection Report

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

Page 2 of 2
Date 1/25/11

| | | |
|--|-----------|---------------------------------|
| Establishment Name <i>Homestead Assisted Living Resbury</i> | | Operator <i>Sam Stoddard</i> |
| Address <i>408 W Main St</i> | | |
| County Estab # <i>ADW 1507</i> | EHS/SUR.# | License Permit # |

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

20. Leftover mashed potatoes and gravy were not labeled/dated. CBS

30. Food debris was present at the insertion points of the kitchen mixer. CBS

| | | | |
|---|------------------------|---------------------------------|------------------------|
| Person in Charge <i>Sam Stoddard</i> | Date <i>1-26-11</i> | Inspector <i>[Signature]</i> | Date <i>1/25/11</i> |
|---|------------------------|---------------------------------|------------------------|



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Food Establishment Inspection Report

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

| | | | |
|--|----------------|---------------------------------|---|
| Establishment Name <u>Homestead of Parkburg (Bldg #1)</u> | | Operator <u>Sam Stoddard</u> | |
| Address <u>408 W. Main St</u> | | | |
| County <u>Madison</u> | Estab # | EHS/SUR.# | Inspection time: _____ Travel time: _____ |
| Inspection Type: <u>Licensure</u> | Risk Category: | 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>1</u> |
| # of Repeat Violations | <u>0</u> | # of Repeat Violations | <u>0</u> |
| Score | <u>1</u> | Score | <u>1</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 |
|------------------|---|--------------------------|--------------------------|
| <u>Y</u> 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) | | |
| <u>Y</u> N | 2. Exclusion, restriction and reporting | <input type="checkbox"/> | <input type="checkbox"/> |
| | Good Hygienic Practices | | |
| <u>Y</u> N | 3. Eating, tasting, drinking, or tobacco use (2-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N | 4. Discharge from eyes, nose and mouth (2-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Control of Hands as a Vehicle of Contamination | | |
| <u>Y</u> N | 5. Clean hands, properly washed (2-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N | 6. Bare hand contact with ready-to-eat foods/exemption (3-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N | 7. Handwashing facilities (5-203 & 6-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Approved Source | | |
| <u>Y</u> N | 8. Food obtained from approved source (3-101 & 3-201) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N | 9. Receiving temperature / condition (3-202) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N (N/A) | 10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Protection from Contamination | | |
| <u>Y</u> N (N/A) | 11. Food segregated, separated and protected (3-302) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>X</u> N (N/A) | 12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>X</u> N | 13. Returned / reserve of food (3-306 & 3-801) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N | 14. Discarding / reconditioning unsafe food (3-701) | <input type="checkbox"/> | <input type="checkbox"/> |

| | Potentially Hazardous Food/Time/Temperature | COS | R |
|------------------------|--|--------------------------|--------------------------|
| <u>Y</u> N (N/O) (N/A) | 15. Proper cooking, time and temperature (3-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N (N/O) (N/A) | 16. Reheating for hot holding (3-403) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N (N/O) (N/A) | 17. Cooling (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N (N/O) (N/A) | 18. Hot holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N (N/O) (N/A) | 19. Cold Holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N (N/O) (N/A) | 20. Date marking and disposition (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N (N/O) (N/A) | 21. Time as a public health control (procedures/records) (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Consumer Advisory | | |
| <u>Y</u> N (N/A) | 22. Consumer advisory for raw or undercooked food (3-603) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Highly Susceptible Populations | | |
| <u>Y</u> N (N/O) (N/A) | 23. Pasteurized foods used, avoidance of prohibited foods (3-801) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chemical | | |
| <u>Y</u> N (N/A) | 24. Additives / approved, unapproved (3-207) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> N | 25. Toxic substances properly identified, stored, used (7-101 through 7-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Conformance with Approved Procedures | | |
| <u>Y</u> N (N/A) | 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>Sausage Patties/oven</u> | <u>170°</u> | <u>hamburger meat/refrigerator</u> | <u>41.7°</u> | | | | |
| <u>Ham loaf/refrigerator</u> | <u>41°</u> | <u>Ham loaf/oven</u> | <u>170°</u> | | | | |

GOOD RETAIL PRACTICES (input checked box = 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 checked="" type="checkbox"/> 37. Food labeled/condition | <input checked="" 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. Sinks 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>Sam Stoddard</u> | (Print) <u>Sam Stoddard</u> | Title <u>Admin</u> | Date <u>1-26-11</u> |
| Inspector (Signature) <u>Polly West-Cree</u> | (Print) <u>Polly West-Cree</u> | Date <u>1/26/11</u> | Follow-up: (Circle One) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |



Food Protection Program, Division of Health
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Date 1/26/11

Table with 3 columns: Establishment Name, Address, County Estab #, Operator, EHS/SUR.#, License Permit #. Handwritten entries include 'Homestead of Rexburg (Bldg #17)', '408 W Main St.', and 'Sam Stoddard'.

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

12. The microwave and kitchen aide mixer had a layer of debris on the top of the surface that could cause cross contamination. COS: The facility cleaned both appliances and removed debris

37. The white containers holding flour and sugar were not labeled. COS: the facility appropriately labeled the containers.

Table with 4 columns: Person in Charge (Sam Stoddard), Date (1-26-11), Inspector (Patty Ward-Dixon), Date (1/26/11)