



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

LESLIE M. CLEMENT – DEPUTY DIRECTOR
RANDY MAY – DEPUTY ADMINISTRATOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

August 30, 2011

April Kohlmaier, Administrator
Ashley Manor - Harmony, Ashley Manor Llc
2703 Harmony Avenue
Boise, ID 83703

License #: RC-556

Dear Ms. Kohlmaier:

On July 8, 2011, a Complaint Investigation and State Licensure survey was conducted at Ashley Manor - Harmony, Ashley Manor Llc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- 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 plan of correction and evidence of resolution.

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

Sincerely,

Donna Henscheid, LSW
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

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IDAHO DEPARTMENT OF
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C.L. "BUTCH" OTTER – Governor
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LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

July 11, 2011

CERTIFIED MAIL #: 7009 0820 0000 2807 1873

April Kohlmaier, Administrator
Ashley Manor - Harmony, Ashley Manor Llc
2703 Harmony Avenue
Boise, ID 83703

Dear Ms. Kohlmaier:

Based on the Complaint Investigation and State Licensure survey conducted by our staff at Ashley Manor - Harmony, Ashley Manor Llc on **July 8, 2011**, we have determined that the facility failed to provide adequate supervision.

This core issue deficiency substantially limits the capacity of Ashley Manor - Harmony, Ashley Manor Llc to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **August 22, 2011**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ◆ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ◆ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ◆ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ◆ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ◆ What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **July 24, 2011**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

April Kohlmaier, Administrator
July 11, 2011

You have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Care Program for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**July 24, 2011**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for Licensing & Certification to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **July 24, 2011**, your request will not be granted. Your IDR request must be made in accordance with the Informal Dispute Resolution Process. The IDR request form and the process for submitting a complete request can be found at www.assistedliving.dhw.idaho.gov under the heading of Forms and Information.

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 proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **August 7, 2011**.

Please bear in mind that any variance allowing the administrator to serve over other facilities is revoked as of the date of the exit conference. The facility must now employ a single, licensed administrator who is not serving as administrator over any other facilities. Failure to do so within thirty (30) days of the date of the exit conference will result in a core issue deficiency.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Ashley Manor - Harmony, Ashley Manor Llc.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program
Medicaid Licensing & Certification

JS/dh

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R556	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2011
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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - HARMONY, ASHLEY MANO	STREET ADDRESS, CITY, STATE, ZIP CODE 2703 HARMONY AVENUE BOISE, ID 83703
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(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
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R 000	<p>Initial Comments</p> <p>The following deficiency was cited during the licensure and complaint survey conducted on 7/7/11 through 7/8/11 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Leader Health Facility Surveyor</p> <p>Rachel Coray, RN Health Facility Surveyor</p> <p>Definitions: NSA = Negotiated Service Agreement</p>	R 000	<p>16.03.22:520</p> <p>1) A battery back up has been installed to the alarm to the front door so in the event of a power outage the alarm will still sound when the door is opened. A home type dead bolt has been installed on the door to secure it during a power outage. Also a battery back been installed to the camera security system up has to be able to review any events while the power is out. The policy for power outage has been updated to clarify staffing.</p> <p>2) During a power outage, any resident who has been identified as an elopement risk or has a history of elopement will be closely monitored by staff. Staff can keep those residents in the common areas with an activity or snack, until power is restored or extra staff are available.</p>	
R 008	<p>16.03.22.520 Protect Residents from Inadequate Care.</p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, it was determined the facility failed to provide supervision to 1 of 3 sampled residents (#2), during a power outage, that caused the security system to be inoperable. This had the potential to affect 100 % of the residents. The findings include:</p> <p>A facility roster, dated 7/7/11, documented nine residents, with diagnoses of dementia, resided at the facility.</p> <p>Resident #2 was admitted to the facility on 7/1/10</p>	R 008	<p>3) The new policy for a power outage has been distributed to all facilities. An in service to the staff on the updated power outage policy will be done 7/26/11.</p> <p>4) In the event of a power outage an investigation will be done by the Regional with the staff working during the outage to ensure that extra staff were available, if needed, and view the cameras to ensure that no events occurred. Any events will be recorded on an accident report.</p> <p>5) 8/5/11</p>	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Admin	(X6) DATE 7/24/11
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STATE FORM 4000 200411 If additional sheets are used

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R558	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2011
NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - HARMONY, ASHLEY MANO		STREET ADDRESS, CITY, STATE, ZIP CODE 2703 HARMONY AVENUE BOISE, ID 83703		
(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 008	Continued From page 1 with a diagnosis of Alzheimer's dementia. Resident #2's NSA, dated 7/14/10, documented the resident "will try to jump the fence, has jumped back fence and made several attempts to do so. Cannot be outside alone." On 7/7/11, the facility accident and incident reports were reviewed. There was no report of any incident involving Resident #2 eloping. There was no documentation found in Resident #2's record of an elopement. On 6/6/2011, Licensing and Certification received an anonymous report that a resident from the facility was found walking down the street in her pajamas on 6/6/11 at 2:00 PM. The facility's "Power Outage" policy did not address what steps to take when the locks disengaged during a power outage, to ensure the residents remained safe and secure. On 7/7/11, from 8:00 AM through 11:30 AM, Resident #2 was observed wandering about the facility, in and out of rooms and occasionally up to the front door. On 7/7/11 at 9:10 AM, when asked about the incident on 6/5/11 with Resident #2, the administrator stated the power went out and because of a "safety thing" the door locks automatically released and the "staff member did not realize it as fast as [Resident #2's name] did." The administrator further stated the resident did not get off the property and had only made it to the end of the driveway. The administrator stated they were looking for the incident report. On 7/7/11 at 9:51 AM, a former caregiver stated	R 008		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R556	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2011
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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - HARMONY, ABHLEY MANO	STREET ADDRESS, CITY, STATE, ZIP CODE 2703 HARMONY AVENUE BOISE, ID 83703
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R 008	Continued From page 2 on 5/5/11, Resident #2 got out of the facility twice because the power went out and the front door would not lock. The caregiver stated she was working alone at the time. The caregiver stated the first time, she caught Resident #2 going out the front door and was able to bring her back inside. She further stated, the second time, "about an hour later, I was busy with someone else and another resident told me she was outside so I had to call the cops. The second time, she got all the way to the road and a neighbor brought her back." The former caregiver stated Resident #2 had "similar problems before with getting out, had tried jumping the fence and looked for places to get out." Further, the caregiver stated, she called the house manger immediately when the electricity went out and the house manager "didn't send anyone out to help." On 7/7/11 at 10:10 AM, the house manager stated on "Sunday at about 1:30 PM or around there, the power went out." She stated the resident "made it out to the fence line and a neighbor walked her back to the building." The house manager also stated the staff member on duty at that time "called me in a panic" saying the resident was outside." She stated the resident only "got out once, [caregiver's name] was watching the door" and the resident "didn't get out again." On 7/7/11 at 11:42 AM, the administrator stated "there was a thunderstorm and the power was out for a short time." The resident "got to the front door, was not out for very long, walked down the driveway and neighbor brought her back." Further, she stated she did "not recall getting called when the power went out" and thought the power was back on 20 minutes later, when the resident returned. Additionally, the administrator	R 008		

PRINTED: 07/11/2011
FORM APPROVED

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - HARMONY, ASHLEY MANO		STREET ADDRESS, CITY, STATE, ZIP CODE 2703 HARMONY AVENUE BOISE, ID 83703		
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R 008	<p>Continued From page 3</p> <p>stated she was not aware the resident had eloped from the facility twice.</p> <p>On 7/7/11 at 11:54 AM, an eye witness stated Resident #2 was "found on (name of street), well past the (facility's) driveway."</p> <p>On 7/7/11 at 1:15 PM, a power company representative stated the power was out at the location of the facility on 8/5/11 from 12:52 PM to 2:53 PM, (approximately 2 hours).</p> <p>On 7/7/11 at 1:25 PM, the administrator confirmed, after looking at the security camera videos, "It looks like the power had been out for two hours."</p> <p>On 7/8/11 at 10:00 AM, the house manager stated she instructed the caregiver to "keep the residents close in one area." Further, she stated she lived an hour away and could not find any other staff to work to help supervise the residents.</p> <p>On 7/8/11 at 10:02 AM, the administrator stated the "door can be locked on the inside, it wouldn't completely inhibit" the residents from leaving, but it could have been secured. Further, the administrator stated she was not notified of the incident "until later that night, until everything was said and done." The administrator also stated the house manager had documentation the former caregiver had not called the house manager until approximately 30 minutes after the power went out.</p> <p>The manager's cell phone "Call Details" list, dated 5/24 through 8/23/2011, documented a call was received by the house manager from the former caregiver, on 8/5/11 at 12:58 PM (approximately</p>	R 008		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R588	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2011
NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - HARMONY, ASHLEY MANO			STREET ADDRESS, CITY, STATE, ZIP CODE 2703 HARMONY AVENUE BOISE, ID 83703		
(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 008	Continued From page 4 3 minutes after the power went out) and again at 1:39 PM. Three minutes after the power went out, it was documented the house manager was notified the power was out and the locks were not functioning. No additional staff were sent to the facility to assist with supervising the residents. This allowed Resident #2 to elope from the facility on two occasions. The lack of supervision placed Resident #2 and 100% of the residents at risk for harm, which resulted in inadequate care.	R 008			



IDAHO DEPARTMENT OF
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Post Office Box 83720
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FAX: (208) 364-1888

July 11, 2011

April Kohlmaier, Administrator
Ashley Manor - Harmony, Ashley Manor Llc
2703 Harmony Avenue
Boise, ID 83703

FILE COPY

Dear Ms. Kohlmaier:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - Harmony, Ashley Manor Llc from July 7, 2011, to July 8, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005102

Allegation #1: The facility did not provide adequate supervision resulting in a resident elopement.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.520 for not providing adequate supervision to residents, when the facility's security system was not functional. The facility was required to submit a plan of correction.

Allegation #2: The facility did not report an elopement to licensing and certification.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.07 for not reporting an elopement to licensing and certification. The facility was required to submit evidence of resolution within 30 days.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

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 9 rows of non-core issues.

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



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>Ashley Marie Learning</u>		Operator <u>April Kohlmaier</u>	
Address <u>2703 Harmon Ave</u>			
County <u>ADA</u>	Estab #	EHS/SUR#	Travel time:
Inspection Type: <u>Standard</u>		Risk Category: <u>High</u>	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>0</u>
# of Repeat Violations <u>1</u>	# of Repeat Violations <u>0</u>
Score <u>1</u>	Score <u>0</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>X</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>X</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<u>X</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</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>X</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>X</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
<u>X</u> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
<u>X</u> N <u>N/A</u>	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N <u>N/A</u>	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 / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>X</u> N <u>N/O</u> <u>N/A</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N <u>N/O</u> <u>N/A</u>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> <u>X</u> <u>N/O</u> <u>N/A</u>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N <u>N/O</u> <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N <u>N/O</u> <u>N/A</u>	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<u>X</u> N <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> N <u>N/O</u> <u>N/A</u>	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<u>Y</u> N <u>N/A</u>	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</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>X</u> N <u>N/A</u>	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>Ham Wash Fridge</u>	<u>43°</u>	<u>Turkey meat Fridge</u>	<u>43</u>	<u>reheated turkey meat</u>	<u>180°</u>	<u>chicken Alfredo</u>	<u>149°</u>
<u>Ham</u>	<u>41°</u>	<u>Cottage cheese</u>	<u>42°</u>	<u>reheated beans</u>	<u>151°</u>		

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. Ware washing 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 label/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) <u>[Signature]</u> (Print) <u>April Kohlmaier</u> Title <u>Owner</u> Date <u>7/8/11</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>
Inspector (Signature) <u>[Signature]</u> (Print) <u>Rachel Cury</u> Date <u>7-8-11</u>	



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

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Date 7-8-11

Establishment Name Ashley Miner Harmony		Operator April Kohlmaier	
Address 2703 Harmony Ave			
County ADA	Estab #	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

17. At 10:30 AM Chicken Alfredo in the refrigerator measured 49°. Kitchen staff stated it was prepared on the night shift, sometime around midnight. Proper cooling techniques were not utilized. Chicken Alfredo was discarded. Staff instructed on proper cooling techniques.

Person in Charge <i>[Signature]</i>	Date 7/8/11	Inspector <i>[Signature]</i>	Date 7/8/11
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