



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

July 26, 2011

**CERTIFIED MAIL #: 70090820000028071897**

Mary White, Administrator  
Lily Home-Niguel Sante, Llc  
Po Box 2122  
Idaho Falls, ID 83403

Dear Ms. White:

Based on the State Licensure survey conducted by our staff at Lily And Syringa Homes--Niguel Sante, Llc on **July 21, 2011**, we have determined that the facility failed to protect residents from inadequate care..

This core issue deficiency substantially limits the capacity of Lily And Syringa Homes--Niguel Sante, 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 **September 4, 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 **August 8, 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.

You have available the opportunity to question cited deficiencies through an informal dispute resolution

Mary White, Administrator  
July 26, 2011

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 (**August 8, 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 **August 8, 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](http://www.assistedliving.dhw.idaho.gov) under the heading of Forms and Information.

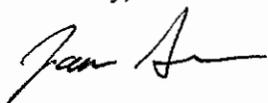
Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **August 20, 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 Lily And Syringa Homes--Niguel Sante, 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/gk

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R900	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/21/2011
NAME OF PROVIDER OR SUPPLIER  LILY AND SYRINGA HOMES--NIGUEL SANTE,		STREET ADDRESS, CITY, STATE, ZIP CODE 840 EAST 1ST IDAHO FALLS, ID 83401		
(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)	(X6) COMPLETE DATE
R 000	Initial Comments  The following deficiency was cited during the licensure and follow-up survey conducted on 07/20/2011 through 07/21/2011 at your residential care/assisted living facility. The surveyors conducting the survey were:  Gloria Keathley, LSW Team Leader Health Facility Surveyor  Karen Anderson, RN Health Facility Surveyor  Donna Henscheid, LSW Health Facility Surveyor  Survey Definitions:  D/T = Due To NSA = Negotiated Service Agreement RN = Registered Nurse	R 000	Dietary needs have been reviewed for the Resident #2 and #4. A physicians order was received for the appropriate diets for residents #2 and #4. An In-service will be held on August 5, 2011 regarding diets. What they are, how to look at the menus and how to adapt to each specific diet. The administrator and Facility RN reviewed all other residents, and their ordered diets to ensure they are appropriate for their chewing and swallowing abilities. Also made sure they are being served as ordered by the physician's diet orders.	8/5/11
R 008	16.03.22.520 Protect Residents from Inadequate Care.  The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.  This Rule is not met as evidenced by: Based on observation, record review and interview, it was determined the facility failed to provide supervision for 2 of 6 sampled residents (#2 & #4) with appropriate diets, placing the residents' at risk of choking. The findings include:  IDAPA 16.03.22.012.25 Supervision - A critical	R 008	The administrator will be posting diets inside the cabinets. When a diet order changes, Administrator will make sure all staff is aware of any diet changes that would be made. An in-service will be held with any of these changes.	

**RECEIVED**  
 AUG 08 2011  
 FACILITY STANDARDS

Bureau of Facility Standards

TITLE

(X6) DATE

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

STATE FORM

6459

T9D911

If continuation sheet 1 of 4

*me [Signature] Admin 8/5/11*

*Accepted [Signature] 8/15/11*

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R900	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/21/2011
NAME OF PROVIDER OR SUPPLIER  LILY AND SYRINGA HOMES--NIGUEL SANTE,		STREET ADDRESS, CITY, STATE, ZIP CODE 840 EAST 1ST IDAHO FALLS, ID 83401		
(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  watching and directing activity which provides protection, guidance, knowledge of the resident's general whereabouts, and assistance with activities of daily living. The facility is responsible for providing appropriate supervision based on each resident's Negotiated Service Agreement or other legal requirements.  According to the Idaho Diet Manual, 9th Edition, a pureed diet is designed to provide a texture modification for persons with chewing or swallowing difficulty. All solid foods need to be pureed, including bread.  1. Resident #4 was admitted to the facility on 5/16/09 with a diagnosis of dementia.  Resident #4's record contained a physician order, dated 9/9/10, which documented she was to receive a pureed diet.  Resident #4's record contained an NSA, dated 5/9/11, which documented, "Needs all food pureed d/t swallowing and coughing."  A nursing assessment, dated 6/15/11, documented the resident was on a pureed diet and would choke at times.  A "Hospice Nursing Visit Note" dated 5/15/11, documented the resident would cough if she swallowed food or water quickly.  A "Hospice Nursing Visit Note" dated 5/19/11, documented facility staff had reported the resident had some choking when drinking water.  A "Hospice Nursing Visit Note" dated 6/20/11, documented the resident had some choking when drinking liquids.	R 008	Cont from page 1  Furthermore the Administrator will be checking Residents #2 and #4 meals once a week, to ensure the diets that are ordered are being followed. The meal checks will be varied between breakfast, lunch and dinner. This will be done for the next 3 months and the results will be documented. The date for the corrective action will be completed by August 15 <sup>th</sup> 2011.	

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R900	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/21/2011
NAME OF PROVIDER OR SUPPLIER  LILY AND SYRINGA HOMES--NIGUEL SANTE,		STREET ADDRESS, CITY, STATE, ZIP CODE 840 EAST 1ST IDAHO FALLS, ID 83401		
(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 2  On 7/20/11 at 12:30 PM, Resident #4 was observed sitting in the dining room with a family member, who was assisting the resident with eating. The resident's plate was observed to have pureed meat, chopped cooked carrots, chopped spaghetti noodles, regular fruit salad, a dinner roll and milk. At 12:40 PM, the resident was observed to cough numerous times after being fed the dinner roll and liquids.  On 7/20/11 at 2:40 PM, the administrator stated (Resident #4's name) had been on a pureed diet for a very long time. She further stated, the resident liked bread with butter on it.  On 7/20/11 at 4:25 PM, a family member stated the resident had trouble chewing food and the food needed to be pureed. The family member further stated the food at lunch today was finely chopped and the fruit salad was regular texture.  The facility did not provide the required diet agreed upon in the NSA or as ordered by the physician. Resident #4 was observed eating non-pureed foods which placed her at a greater risk of choking.  2. Resident #2 was admitted to the facility on 8/12/10, with a diagnosis of dementia.  Resident #2's record contained a physician order, dated 6/24/11, which documented the resident was to receive a pureed diet.  Resident #2's NSA was updated on 6/24/11, and documented the resident required a "Pureed diet."  On 7/20/11 at 11:55 AM, Resident #2 was served	R 008		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R900	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/21/2011
NAME OF PROVIDER OR SUPPLIER  LILY AND SYRINGA HOMES--NIGUEL SANTE,		STREET ADDRESS, CITY, STATE, ZIP CODE 840 EAST 1ST IDAHO FALLS, ID 83401		
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R 008	<p>Continued From page 3</p> <p>a plate of non-pureed food that included; a fruit salad, chopped pasta, cooked carrots and a dinner roll. Roast beef was served pureed. A caregiver set the plate of food in front of the resident and walked away. The resident was observed looking at the meal and not attempting to eat.</p> <p>At 12:01 PM, the administrator was observed spooning the fruit salad into the resident's mouth. The administrator stated the resident's diet was to be pureed and thought the food served was appropriate for the resident. The administrator stated the resident had been ordered a pureed diet due to some chewing and swallowing problems.</p> <p>On 7/20/11 at 2:35 PM, the facility RN stated the reason the pureed diet was ordered was because the resident had trouble chewing, was pocketing food and had weight loss. The nurse was informed of the lunch observation; she confirmed the food served was not consistent with a pureed diet. She stated, she had not trained staff on different diets such as a pureed diet versus a mechanical soft diet. She confirmed fruit salad, chopped pasta and a roll would never be allowed on a pureed diet.</p> <p>The facility did not provide the required diet agreed upon in the NSA, or as ordered by the physician. This placed Resident #2 at risk for choking while eating.</p> <p>The facility did not provide supervision to ensure Resident #2 and #4's dietary needs were met according to their NSA's and physician's orders, which placed them at risk of choking. This failure resulted in inadequate care.</p>	R 008		



Facility Name Lily & Syringa Homes- Niguel Sante, LLC-	Physical Address 840 E 1st	Phone Number 208-522-2484
Administrator Mary White	City Idaho Falls	Zip Code 83401
Team Leader Gloria Keathley	Survey Type Licensure and Follow-up	Survey Date 07/21/11

**NON-CORE ISSUES**

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	153.01	The facility did not develop an abuse policy to guide staff on what procedures to follow when there was an allegation of abuse.	8-29-11 gr	
2	220.02	Resident #5 did not have a signed admission agreement.	8-29-11 gr	
3	220.03.	The facility admission agreement did not include services, supports and rates including items a-f.	9-6-11 gr	
4	225	Resident's #1, #4, and #6 did not have a behavior management plan in place.	8-29-11 gr	
5	250.13.l	There were no closet doors in most rooms and no closet dividers in shared rooms.	Partial 8-22-11 gr	
6	260.06	Interior environment: 1)Worn toilet seats were observed throughout the two buildings, 2) Bar stools in both buildings were wobbly and unsafe, 3) A loveseat in Syringa and a chair in Lily had an odor of urine, 4) Room 11 had a broken dresser drawer.	8-29-11 gr	
7	301	The facility nurse did not document when Resident #2 had a significant change of condition. Resident #5 did not have a nursing assessment.	8-29-11 gr	
8	305	The facility nurse did not document Resident responses to medications, therapies, recommendations and progress of recommendations, such as Resident #2 and #4's change in diet orders.	9-6-11 gr	
9	310.01.f	The medication aide did not observe Resident #6 take her medications.	8-29-11 gr	
10	310.04.e	The facility did not send behavior updates to the physician for Resident's #2, #3, and #4's psychotropic medication review.	9-6-11 gr	
11	320.01	Six of six sampled Residents' NSAs did not describe the frequency of services provided. Resident #2's NSA did not describe his ADL	9-6-11 gr	
Response Required Date 08/20/11	Signature of Facility Representative 		Date Signed 9/2/11	





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

# Food Establishment Inspection Report

*Lily Blvd*

Establishment Name <i>Lily &amp; Springs</i>		Operator <i>Mary White</i>	
Address <i>840 E 150</i>		City <i>IDAHO FALLS</i> Zip <i>83401</i>	
County <i>Bonneville</i>	Estab # <i>20228</i>	EHS/SUR #	Inspection time: _____ Travel time: _____
Inspection Type:	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.

<b>Critical Violations</b>	<b>Good Retail Practices</b>
# of Risk Factor Violations <u>0</u>	# of Retail Practice Violations <u>0</u>
# of Repeat Violations _____	# of Repeat Violations _____
Score <u>0</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		Potentially Hazardous Food Time/Temperature	COS	R
(Y) N	1. Certification by Accredited Program or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>	(Y) N	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Employee Health (2-201)</b>			(Y) N	16. Reheating for hot holding (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>	(Y) N	17. Cooling (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>			(Y) N	18. Hot Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>	(Y) N	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>	(Y) N	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Control of Hands as a Vehicle of Contamination</b>			(Y) N	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	5. Clean hands, properly washed	<input type="checkbox"/>	<input type="checkbox"/>	Y N	<b>Consumer Advisory</b>		
(Y) N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>	(Y) N	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	7. Handwashing Facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>		<b>Highly Susceptible Populations</b>		
	<b>Approved Sources</b>			(Y) N	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>		<b>Chemical</b>		
(Y) N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>	(Y) N	24. Additives / approved, unapproved (3-202.12)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>	(Y) N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Protection from Contamination</b>			Y N (N/A)	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>				
(Y) N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>				
Y N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>				
(Y) N	14. Discarding / reconditioning unsafe food (3-701)	<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
<i>beef</i>	<i>165°</i>	<i>fruit salad</i>	<i>41°</i>				
<i>carrots</i>	<i>170°</i>	<i>ham</i>	<i>170°</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/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. Utensils & 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>[Signature]</i>	(Print) <i>Mary White</i>	Title <i>Admin</i>	Date <i>7/21/11</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspector (Signature) <i>[Signature]</i>	(Print) <i>Colleen Kelly</i>	Date <i>7/21/11</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

Syringa Blvd

Establishment Name <u>Syringa</u>		Operator <u>Mary White</u>	
Address <u>8400 E 1st</u>		IDAHOFacets	
County <u>Bonneville</u>	Estab # <u>20828</u>	EHS/SUR #	Inspection time: <u>83401</u>
Inspection Type:	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>0</u>	# of Retail Practice Violations <u>1</u>
# of Repeat Violations <u>0</u>	# of Repeat Violations <u>1</u>
Score <u>0</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>N</u>	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Employee Health (2-201)</b>		
<u>N</u>	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>		
<u>N</u>	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</u>	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Control of Hands as a Vehicle of Contamination</b>		
<u>N</u>	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</u>	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</u>	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Approved Source</b>		
<u>N</u>	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</u>	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Protection from Contamination</b>		
<u>N</u>	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</u>	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</u>	13. Returned / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</u>	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>N</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</u>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</u>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</u>	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</u>	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Consumer Advisory</b>		
<u>N</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
<u>N</u>	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Chemical</b>		
<u>N</u>	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</u>	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Conformance with Approved Procedures</b>		
<u>N</u>	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
<u>beef</u>	<u>165</u>	<u>ham</u>	<u>170</u>				
<u>carrots</u>	<u>170</u>	<u>fruit cocktail</u>	<u>42°</u>				

GOOD RETAIL PRACTICES ( = not in compliance)

	COS	R		COS	R		COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27. Use of ice and pasteurized eggs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	35. Equipment for temp control	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Plumbing installed, cross-connection, back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>
						41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>
						42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
						43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
						44. Ware washing facility	<input type="checkbox"/>	<input type="checkbox"/>
						45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
						46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
						47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
						48. Specialized processing methods	<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) [Signature] (Print) Mary White Title Adm Date 7/21/11

Inspector (Signature) Karen Anderson (Print) KAREN Anderson Date 7/21/11

Follow-up: (Circle One) Yes  No



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

Syringer Blvd

Page 2 of 2  
Date 7/21/11

Establishment Name Syringer	Operator Mary White
Address 840 E 1st	
County Blaine	License Permit #
Estab # 20628	BHS/SUR #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#34: Kitchen Staff used an <sup>sold</sup> sponge to clean a food processor between different food items increasing the chance of food contamination.

CO5: Staff member was informed of the increased risk of food contamination by using a sponge to clean the inside of the processor bowl. Instructed to re-wash and sanitize processor bowl.

Person in Charge [Signature]	Date 7/21/11	Inspector Karin Anderson	Date 7/21/11
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