



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6626
FAX 206-364-1888

September 19, 2011

Lisa Stucker, Administrator
Safe Haven Homes Of Challis
1050 Clinic Road North
Challis, ID 83226

Dear Ms. Stucker:

Congratulations to both you and your staff on your recent survey. Enclosed please find your *Silver Excellence in Care* award. The silver award is reserved for facilities that pass their standard health care survey with three or fewer non-core deficiencies.

This award demonstrates that you have worked exceptionally hard to meet all of the requirements set forth in the Rules for Residential Care or Assisted Living Facilities. Thank you for providing superior care, and ensuring the residents you serve live in a clean and safe environment.

Continuing to meet the needs of your residents – while meeting the administrative needs of your business – is a daily commitment to quality, ongoing assessment, service planning, and consistent provision of services to each and every resident. The greater challenge is, of course, to be able to work as a team to provide this high level of caring and service day after day, week after week, year after year.

Again, **Congratulations** to you and your staff for a job well done. I challenge you to keep this same high standard.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/ka

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R965	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2011
NAME OF PROVIDER OR SUPPLIER SAFE HAVEN HOMES OF CHALLIS		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CLINIC ROAD NORTH CHALLIS, ID 83226		
(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 issue deficiencies were cited during the Licensure Survey conducted at your facility from 9/12/11 through 9/13/11. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X8) DATE

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



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>Safe Haven Chaffin</u>		Operator <u>Lisa Stucker</u>	
Address <u>1050 Clinic Rd N</u>		<u>Chaffin 83226</u>	
County	Estab # <u>20827</u>	EHS/SUR #	Inspection time: _____ Travel time: _____
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 <input checked="" type="checkbox"/>	# of Retail Practice Violations <input checked="" type="checkbox"/>
# of Repeat Violations _____	# of Repeat Violations _____
Score <input checked="" type="checkbox"/>	Score <input checked="" type="checkbox"/>
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"/> Y	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"/> Y	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<input checked="" type="checkbox"/> Y	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y	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"/> Y	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
<input checked="" type="checkbox"/> Y	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y	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"/> Y	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<input checked="" type="checkbox"/> Y	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<input checked="" type="checkbox"/> Y	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<input checked="" type="checkbox"/> Y	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<input checked="" type="checkbox"/> Y	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y	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"/> Y	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

Fridge

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Rock Chips</u>	<u>40.0°</u>			<u>Potato</u>	<u>160°</u>
<u>Seasoning Container</u>	<u>40.0°</u>			<u>Beans/Carrots</u>	<u>170°</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"/>		34. Food contamination	<input type="checkbox"/>	
<input type="checkbox"/>			28. Water source and quantity	<input type="checkbox"/>		35. Equipment for temp control	<input type="checkbox"/>	
<input type="checkbox"/>			29. Insects/rodents/animals	<input type="checkbox"/>		36. Personal cleanliness	<input type="checkbox"/>	
<input type="checkbox"/>			30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>		37. Food labeled/condition	<input type="checkbox"/>	
<input type="checkbox"/>			31. Plumbing installed; cross-connection, back flow prevention	<input type="checkbox"/>		38. Plant food cooking	<input type="checkbox"/>	
<input type="checkbox"/>			32. Sewage and waste water disposal	<input type="checkbox"/>		39. Thawing	<input type="checkbox"/>	
<input type="checkbox"/>			33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>		40. Toilet facilities	<input type="checkbox"/>	
				<input type="checkbox"/>		41. Garbage and refuse disposal	<input type="checkbox"/>	
						42. Food utensils/in-use	<input type="checkbox"/>	
						43. Thermometers/Test strips	<input type="checkbox"/>	
						44. Warewashing facility	<input type="checkbox"/>	
						45. Wiping cloths	<input type="checkbox"/>	
						46. Utensil & single-service storage	<input type="checkbox"/>	
						47. Physical facilities	<input type="checkbox"/>	
						48. Specialized processing methods	<input type="checkbox"/>	
						49. Other	<input type="checkbox"/>	

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) <u>Lisa Stucker</u>	(Print) <u>Lisa Stucker</u>	Title _____	Date <u>9-13-11</u>
Inspector (Signature) <u>Karen Anderson</u>	(Print) <u>KAREN Anderson</u>	Date <u>9/13/11</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input type="checkbox"/>