



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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

November 22, 2011

Jennifer Primrose, Administrator
Angel's Haven
Po Box 375
Burley, ID 83318

License #: Rc-797

Dear . Primrose:

On September 15, 2011, a State Licensure survey was conducted at Angel's Haven. 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 plan of correction and evidence of resolution.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Hauser", with a long horizontal flourish extending to the right.

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: 13R797	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2011
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NAME OF PROVIDER OR SUPPLIER ANGEL'S HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 111 SOUTH 510 EAST BURLEY, ID 83318
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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 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 and follow-up survey conducted on 09/14/11 through 09/15/11 at your facility. The surveyors conducting the survey were:</p> <p>Matt Hauser, QMRP Team Leader Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Angel's Haven	Physical Address 111 S. 510 East	Phone Number 208-678-9495
Administrator Jennifer Primrose	City Burley	Zip Code 83318
Team Leader Matt Hauser	Survey Type Licensure and Follow-up	Survey Date 09/15/11

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.06.C	The facility did not complete a state only background check on one employee. REPEAT	10/1/11 <i>MH</i>	
2	220.10.C	The facility's admission agreement was not updated to reflect a 30 day notice of discharge.	10/1/11 <i>MH</i>	
3	225.01-02	Residents #1, 2 & 3 did not have current behavior management plans.	10/1/11 <i>MH</i>	
4	300.01	Residents #1, 2 & 3 did not have 90 day nursing assessments and the RN did not assess residents after changes in condition.	10/1/11 <i>MH</i>	
5	305.02	Residents #1, 2 & 3 did not have current physicians' orders. REPEAT	10/1/11 <i>MH</i>	
6	310.04.e	Residents #1, 2 & 3 did not have their psychotropic medications reviewed by the physician every 6 months. The facility did not provide behavior updates to the physician.	11/8/11 <i>MH</i>	
7	310.04.a	Resident #1, 2 & 3's behavior charting did not document interventions being done prior to attempting non-drug interventions.	10-1-11 <i>MH</i>	
8	320.08	Resident #1 & 2's NSA's were not updated to reflect the residents when there was changes in conditions (no longer using walker) requiring different or additional services.	10-1-11 <i>MH</i>	
9	350.02	The administrator did not document investigations of incidents.	10-1-11 <i>MH</i>	
10	260.01.b	The facility did not have water samples submitted annually to either a private accredited laboratory or Public Health District Laboratory.	10-1-11 <i>MH</i>	
11	300.05	The facility RN did not document the progress of previous recommendations made to staff.	10-1-11 <i>MH</i>	

Response Required Date 10/15/11	Signature of Facility Representative <i>Lynda B</i> Lynda Brennen	Date Signed 9-15-11
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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>Angel's Haven</u>		Operator <u>Jennifer Priorrose</u>	
Address <u>117 S 510 E</u>			
County <u>Cassia</u>	Estab #	EHIS/SUR.#	Inspection time: _____ Travel time: _____
Inspection Type:	Risk Category: <u>High</u>	Follow-Up Report: OR	On-Site Follow-Up:
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.		Date: _____	Date: _____

# 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
(Y) 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)		
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
(Y) N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
(Y) N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	9. Receiving temperature / condition (3-202)	<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"/>
	Protection from Contamination		
Y (N) N/A	11. Food segregated, separated and protected (3-302)	<input checked="" 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 / reserve 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"/>

	Potentially Hazardous Food Time/Temperature	COS	R
(Y) N N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O (N/A)	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
(Y) N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
Y N N/O (N/A)	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
Y N (N/A)	24. Additives / approved, unapproved (3-207)	<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"/>
	Conformance with Approved Procedures		
Y N (N/A)	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 Stroganoff</u>	<u>37.7°</u>	<u>hamburger</u>	<u>180°</u>				
<u>refrigerator</u>							

GOOD RETAIL PRACTICES (input checked = 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 checked="" type="checkbox"/> 43. Thermometers/Test strips	<input checked="" type="checkbox"/>	<input checked="" 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) <u>[Signature]</u>	(Print) <u>Lynda Brennan</u>	Title	Date <u>9-15-11</u>
Inspector (Signature) <u>[Signature]</u>	(Print) <u>Danna Henschel</u>	Date <u>9/15/11</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>



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

Page 2 of 2
Date 9/15/11

Establishment Name: Anna's Haven
Operator: Jennifer Thomas
Address: 711 S 510 E
County: Cassia
License Permit #:

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

11. Chicken, beef and pork were being stored and thawed in the same containers. Eggs were stored over a container of strawberries. COS the facility moved/separated food items.

13. the facility did not have a thermometer to temp food. COS the facility bought a new thermometer.

Person in Charge: Anna B
Date: 9-15-11
Inspector: Donna Lewis
Date: 9/15/11