



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

October 24, 2011

Cathy McKay, Administrator
Ashley Manor - Lincoln
101 East 15th
Jerome, ID 83338

Dear Ms. McKay:

On October 19, 2011, an Initial Licensure survey was conducted at Ashley Manor - Lincoln. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that a non-core issue deficiency was identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The non-core deficiency was corrected on-site.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

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

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2011
NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - LINCOLN		STREET ADDRESS, CITY, STATE, ZIP CODE 101 EAST 15TH JEROME, ID 83338		
(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 initial survey conducted on 10/18/2011 through 10/19/2011 at your facility. The surveyors conducting the survey were:</p> <p>Rachel Corey, RN, BSN Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN, BSN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) 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>Assembly Manor Lincoln</u>		Operator <u>Cathy McKay</u>	
Address <u>1015 W Ave E</u>			
County <u>Blaine</u>	Estab #	EHS/SUR.#	Inspection time: <u>8:00 AM</u>
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>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
<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 type="checkbox"/> N <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> 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 / reservice 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> X <input type="checkbox"/> N <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> X <input type="checkbox"/> N <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> 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"/> X <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> X <input 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"/> X <input type="checkbox"/> N <input checked="" type="checkbox"/> 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>Yogurt</u>	<u>43°</u>	<u>Hot dogs</u>	<u>43</u>				
<u>Whipped Cream</u>	<u>40°</u>	<u>Milk & Cream - Fridge</u>	<u>40.7</u>				

GOOD RETAIL PRACTICES (X = not in compliance)

	COS	R		COS	R		COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Use of ice and pasteurized eggs	<input 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. Warewashing 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) <u>[Signature]</u>	(Print) <u>Cathy McKay RA/Adm</u>	Date <u>10-19-11</u>
Inspector (Signature) <u>[Signature]</u>	(Print) <u>Bruce Corey</u>	Date <u>10-19-11</u>
Follow-up: (Circle One)		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>