



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 83720-0099
PHONE 208-334-6626
FAX 208-364-1888

November 22, 2011

Kimberly Clark, Administrator
Edgewood Spring Creek Ustick LLC
3165 Meridian Road
Meridian, ID 83646

Dear Ms. Clark:

On November 22, 2011, a Initial Licensure survey was conducted at Edgewood Spring Creek Ustick LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

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

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

Sincerely,

Jamie Simpson - Deen, MSW for

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

Bureau of Facility Standards

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1004 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 11/22/2011 |
|---|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER EDGEWOOD SPRING CREEK USTICK LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3165 MERIDIAN ROAD MERIDIAN, ID 83646 | | |
| (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 deficiencies were cited during the initial survey conducted between 11/21/2011 and 11/22/2011 at your facility. The surveyors conducting the survey were:</p> <p>Polly Watt-Geier, MSW Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, RN 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>Edgewood Springs</u> | | Operator <u>Kimberly Clark</u> | |
| Address <u>3165 Monmouth Road</u> | | | |
| County | Estab # | EHS/SUR# | Inspection time: <u>10:30 AM</u> |
| Inspection Type: <u>Standard</u> | | Risk Category: <u>High</u> | Travel time: |
| 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 | <u>0</u> | # of Repeat Violations | <u>0</u> |
| 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 checked="" type="checkbox"/> 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 | | |
| <input checked="" type="checkbox"/> N N/A | 11. Food segregated, separated and protected (3-302) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N 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 checked="" type="checkbox"/> N N/O N/A | 15. Proper cooking, time and temperature (3-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/O N/A | 16. Reheating for hot holding (3-403) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/O N/A | 17. Cooling (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/O N/A | 18. Hot holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/O N/A | 19. Cold Holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/O N/A | 20. Date marking and disposition (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/O 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"/> N N/A | 22. Consumer advisory for raw or undercooked food (3-603) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Highly Susceptible Populations | | |
| <input checked="" type="checkbox"/> N N/O N/A | 23. Pasteurized foods used, avoidance of prohibited foods (3-801) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chemical | | |
| <input checked="" type="checkbox"/> N N/A | 24. Additives / approved, unapproved (3-207) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" 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"/> N N/A | 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>Cream cheese</u> | <u>37°</u> | <u>Beef wien</u> | <u>171</u> | <u>potatoes</u> | <u>168</u> | | |
| <u>Mashed potatoes</u> | <u>35°</u> | <u>Chicken</u> | <u>172</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/n-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 cooling | <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>K. Clark</u> | (Print) <u>Kimberly Clark</u> Title <u>ED</u> | Date <u>11/21/11</u> | Follow-up: (Circle One) <u>Yes</u> |
| Inspector (Signature) <u>[Signature]</u> | (Print) <u>Kimberly Clark</u> Date <u>11/21/11</u> | | <u>No</u> |