



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK -- ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON -- PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

June 12, 2014

Jennifer Pearson, Administrator
Trail Creek Manor
1377 North Trail Creek Way
Eagle, ID 83616

Provider ID: RC-937

Ms. Pearson:

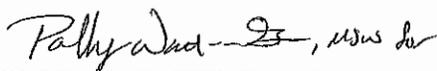
On April 9, 2014, a state licensure survey was conducted at Trail Creek Manor-Trista Wolfe Assisted Living Homes, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted plan of correction and evidence of resolution are being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,


GLORIA KEATHLEY, LSW
Team Leader
Health Facility Surveyor

GK/sc

cc: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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April 18, 2014

CERTIFIED MAIL #: 7007 3020 0001 4050 8357

Jennifer Goffinet
Trail Creek Manor
1377 North Trail Creek Way
Eagle, Idaho 83616

Ms. Goffinet:

Based on the state licensure survey conducted by Department staff at Trail Creek Manor between April 8, 2014 and April 9, 2014, it has been determined that the facility failed to protect residents from inadequate care by failing to provide supervision to 1 of 3 sampled residents.

This core issue deficiency substantially limits the capacity of Trail Creek Manor to furnish services of an adequate level or quality to ensure that residents' health and safety are protected. 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 **May 24, 2014**. **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)?
- ◆ By what date will the corrective action(s) be completed?

Return the **signed** and **dated** Plan of Correction to us by **May 1, 2014**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Jennifer Goffinet

April 18, 2014

Page 2 of 2

In accordance with IDAPA 16.03.22.003.02, you have available the opportunity to question the core deficiency through an informal dispute resolution 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. See the IDR policy and directions on our website at www.assistedliving.dhw.idaho.gov. If your request for informal dispute resolution is not received within the appropriate time-frame, your request will not be granted.

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. Your evidence of resolution (e.g., receipts, pictures, policy updates, etc.) for each of the non-core issue deficiencies is to be submitted to this office by **May 9, 2014**.

If, at the follow-up survey, the core deficiency cited during the 4/9/2014 state licensure survey still exists or a new core deficiency is identified, the Department will have no alternative but to initiate an enforcement action against the license held by Trail Creek Manor.

Enforcement actions may include:

- imposition of civil monetary penalties;
- issuance of a provisional license;
- limitation on admission to the facility;
- requirement that the facility hire a consultant who submits periodic reports to Licensing and Certification.

During a complaint investigation on 5/7/2009, the facility was issued a core issue citation for inadequate care for failing to provide adequate supervision. During a follow-up survey conducted on 7/2/2009 the facility was issued a core issue citation for inadequate care for failing to provide adequate supervision. The facility has been found on three occasions in five years, failing to provide adequate supervision to the residents. Should the facility again fail to provide adequate supervision to the residents, the Department will consider revocation of the facility license.

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 364-1962 and ask for the Residential Assisted Living Facility program. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,



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

JS/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R937	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2014
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NAME OF PROVIDER OR SUPPLIER TRAIL CREEK MANOR-TRISTA WOLFE ASSIST1	STREET ADDRESS, CITY, STATE, ZIP CODE 1377 NORTH TRAIL CREEK WAY EAGLE, ID 83616
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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
R 000	<p>Initial Comments</p> <p>The following deficiency was cited during the licensure, and follow-up survey conducted between 04/08/2014 and 04/09/2014 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p> <p>Abbreviations:</p> <p>AZ= Arizona NSA= Negotiated Service Agreement Res = Resident RN = Registered Nurse VA = Veterans Administration W/C = Wheelchair</p>	R 000		
R 008	<p>16.03.22.520 Protect Residents from Inadequate Care.</p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to provide supervision to 1 of 3 sampled Residents (#2) The findings include:</p> <p>According to IDAPA 16.03.22.012.25, supervision</p>	R 008		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jennifer Pearson ADMINISTRATOR

TITLE

8699 804511

(X6) DATE

4-23-14

STATE FORM

Jennifer Pearson administrator

If continuation sheet 1 of 7

6-10-14

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R937	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2014
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NAME OF PROVIDER OR SUPPLIER TRAIL CREEK MANOR-TRISTA WOLFE ASSIS1	STREET ADDRESS, CITY, STATE, ZIP CODE 1377 NORTH TRAIL CREEK EAGLE, ID 83616 R008
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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	The administrator will assure that policies and procedures are implemented to assure that all residents are free from inadequate care.	(X5) COMPLETE DATE
R 008	<p>Continued From page 1</p> <p>is defined as "a critical watching and directing activity which provides protection, guidance, knowledge of the residents general whereabouts, and assistance with activities of daily living. The administrator is responsible for providing appropriate supervision based on each resident's Negotiated Service Agreement or other legal requirements."</p> <p>On 5/7/09 and 7/2/09, the facility received a core issue deficiency for not providing adequate supervision.</p> <p>On 4/8/14 the facility was observed to be an eight bed home in a residential area on a corner lot. The facility's front door was not secured and opened to a front porch with a sloping sidewalk.</p> <p>Staffing schedules documented one caregiver was on duty each day and there was no up and awake staff at night.</p> <p>Resident #2's record documented he was a 74 year-old male, who was admitted to the facility on 07/19/13 with diagnosis of dementia, traumatic brain injury and bipolar disorder.</p> <p>On 4/8/14 between 10:30 AM and 3:00 PM, Resident #2 was observed smoking on the front porch five times without staff supervision. Resident #2 was observed to wheel himself in his wheelchair independently. During the survey Resident #2 was observed to repeatedly ask for root beer, for which the staff replied there was none.</p> <p>On 4/9/14 between 11:00 AM and 1:00 PM, Resident #2 was observed smoking unattended on the front porch two times.</p>	R 008	<p>If the facility admits or retains an individual who has dementia or impaired cognitive abilities: Along with alarming the front door, any resident that smokes will be required to smoke out back in the secure backyard. The administrator will issue a notice and will work diligently to find proper placement for any resident who does not meet our care level.</p> <p>We will identify other residents by: Regularly scheduled physician visits with history and physical (diagnosis), the staff's daily observations of each resident and the facility RN's quarterly assessments.</p> <p>The measures that will be put into place are: Staff will monitor each resident daily for any change in memory or mental status. Upon any change the facility RN will be notified to come in and do an assessment with a mini mental and give her recommendations.</p> <p>The corrective actions will be monitored by: Staff will notify administrator and facility RN immediately upon any memory or mental change of condition in residents. Administrator will review the observations daily for anything out of the ordinary.</p>	

Residential Care/Assisted Living

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NAME OF PROVIDER OR SUPPLIER TRAIL CREEK MANOR-TRISTA WOLFE ASSIS1	STREET ADDRESS, CITY, STATE, ZIP CODE 1377 NORTH TRAIL CREEK WAY EAGLE, ID 83616
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R 008	<p>Continued From page 2</p> <p>On 4/9/14 at 11:07 AM, When Resident #2 was questioned by surveyors he was unable to answer the following correctly: the date, month, the year and the season. Further, he was unable to tell surveyors what city he lived in and how long he lived at the facility.</p> <p>Resident #2's "Negotiated Service Agreement," dated 7/29/13, documented under supervision that the resident needed to be "monitored constantly throughout his waking hours" due to his dementia and trying to leave the facility. The NSA also documented that Resident #2 was frequently disoriented, had trouble remembering information, could not make appropriate decisions and required supervision for safety.</p> <p>A "Behavior Management Plan," dated 7/19/13, documented wandering as a behavior. Triggers included "wanting to leave." Interventions staff were to use included one on one with staff, redirection to an activity such as "smoking outside in sunshine." The "Behavior Management Evaluation" documented under duration, "unknown....staff catches him around the corner or at the end of the driveway."</p> <p>A smoking assessment, dated 9/26/13 and updated on 11/14/13, documented Resident #2 had been reassessed to required supervision due to increased confusion. The assessment further documented, "res will wheel himself out to smoke + (and) later be found in his w/c attempting to take off to return to a facility he previously lived."</p> <p>A "Nursing Assessment," dated and signed 12/19/13, documented the facility needed to continue to watch for elopement.</p> <p>Care Notes documented the following:</p>	R 008		

Residential Care/Assisted Living

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NAME OF PROVIDER OR SUPPLIER TRAIL CREEK MANOR-TRISTA WOLFE ASSIST	STREET ADDRESS, CITY, STATE, ZIP CODE 1377 NORTH TRAIL CREEK WAY EAGLE, ID 83616
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R 008	<p>Continued From page 4</p> <p>could not remember what day or year it was, asked repeatedly all day long talked about leaving, but did not attempt today at least."</p> <p>*11/21/13, "Resident went to the end of drive way to hitch hike to VA 4 times today so he could be sent to AZ where its warm. RN note: resident assessed. talked to staff as well. Resident to be watched closely. May need to move resident to a higher level of care facility. Resident agrees not to attempt to leave facility."</p> <p>*12/05/13, Observed resident smoking several times today...Wheeled his chair out to the end of the driveway to get a ride from a passer by."</p> <p>*12/7/13, "His memory was really bad today...Later that day I was walking through the house and looked out the window and [Resident's Name] was wheeling himself down the middle of the street...I caught him four more times trying to leave the facility."</p> <p>*12/9/13, "Constantly asked to go to the VA all day long, when told he needed an appointment to go he said he was leaving anyways [sic]. He left the facility again today strolling down the street...."</p> <p>*12/11/13, "Asked to go to the VA nonstop all day to the point where he was getting on other residents [sic] nerves and they were complaining and they were complaining to staff....tried to get in the van...I went out and tried to explain to [resident's name] that it was somebody else's [sic] case manager and his appointment wasn't today. He fought with me and tried to wheel himself down the street for somebody to drive him. I had to push his wheelchair back inside and sit next to him all day so he wouldn't try to leave</p>	R 008		

Residential Care/Assisted Living

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NAME OF PROVIDER OR SUPPLIER **TRAIL CREEK MANOR-TRISTA WOLFE ASSIST** STREET ADDRESS, CITY, STATE, ZIP CODE **1377 NORTH TRAIL CREEK WAY EAGLE, ID 83616**

(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	<p>Continued From page 5 again...."</p> <p>*12/23/13, "....This afternoon he tried leaving the facility multiple times trying to find someone to take him to the VA...."</p> <p>There was no documented evidence in the record that the administrator was called or even aware of Resident #2 numerous attempts to leave the facility. The nursing assessment documented on 11/21/13 that a higher level of care was recommended. There was no documentation the recommendation was followed up on or that interventions were put into place to ensure Resident #2's safety.</p> <p>Further nursing notes documented the following:</p> <p>*11/6/13, The house manager was concerned about his worsening dementia. The nurse evaluated the resident to be confused and he expressed to her that he needed to go to the VA to have injuries taken "care of." The note further documented, the resident was displayed a behavior of going out to smoke and attempting to go places he would never be able to get to. The note further documented, she had changed his smoking evaluation to needing supervision.</p> <p>*12/19/13, Resident #2 was found laying on the floor. The RN asked Resident #2 if he had done this to get attention. He replied, "I want to go to Arizona."</p> <p>On 4/8/14 at 10:20 AM, a facility employee stated Resident #2 got off the property and wheeled himself down the street. He was trying to go to the VA.</p> <p>On 4/8/14 at 11:49 AM, the administrator stated</p>	R 008		

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R 008	<p>Continued From page 6</p> <p>staff were to supervise Resident #2 when he was outside.</p> <p>4/8/14 at 11:55 AM, a facility employee stated the resident frequently expressed he wanted to hitch a ride.</p> <p>4/8/14 at 12:10 PM, another facility employee stated she recalled, in the winter, Resident #2 was found in the middle of the street.</p> <p>On 4/8/14 at 2:00 PM, the administrator confirmed Resident #2 tried to leave the facility on numerous occasions and that they had been trying to find a secure environment for him.</p> <p>Between October and mid December, Resident #2 attempted to leave the facility over thirteen times. This occurred during winter months, which could have had the potential to cause harm. The facility did not implement interventions to meet his supervision needs according to his NSA and to ensure his safety. This led to inadequate care.</p>	R 008		



Facility Trail Creek Manor	License # RC-937	Physical Address 1377 N Trail Creek Wy	Phone Number (208) 939-2659
Administrator Jennifer Goffinet	City Eagle	ZIP Code 83616	Survey Date April 9, 2014
Survey Team Leader Gloria Keathley, LSW	Survey Type Licensure and Follow-up	RESPONSE DUE: May 9, 2014	
<i>Jef Kear</i>		4-9-14	

NON-CORE ISSUES

Item #	Rule #	Description	Department Use Only	
			Date	Initials
1	210	The facility did not have an activity program to meet the rules.	5-8-14	<i>[initials]</i>
2	215.01	The administrator did not ensure assisted living rules were implemented: such as care records, environmental records and nursing service records.	5-8-14	<i>[initials]</i>
3	250.10	Hot water temperatures exceeded 120 degrees.	5-8-14	<i>[initials]</i>
4	260.06	The facility was not maintained in clean and orderly manner, such as the carpet was observed to need shampooing throughout the facility, there was a missing piece of vinyl on the kitchen floor, scuff marks on walls throughout the facility, a hole in a bedroom door, a cupboard door was missing in the kitchen, kitchen drawers needed cleaning, a missing drawer in Resident #2's room.	5-8-14	<i>[initials]</i>
5	305.03	The facility RN did not assess Resident #1's change of condition, such as rashes, an abscess, nor did she monitor the healing of Resident #1's pressure ulcers.	5-8-14	<i>[initials]</i>
6	305.04	The facility RN did not make recommendations to prevent Resident #1's skin breakdown.	5-8-14	<i>[initials]</i>
7	320.01	Resident #1's NSA did not include outside services and skin breakdown interventions, nor was Resident #2's NSA implemented regarding toileting.	5-8-14	<i>[initials]</i>
8	350.02	The administrator did not investigate all incidents such as when Resident #2 left the property.	5-8-14	<i>[initials]</i>
9	350.07	The facility administrator did not report all reportables to Licensing & Certification such as when Resident #2 left the facility.	5-8-14	<i>[initials]</i>
10	451.01.d	The facility did not serve a vegetable for lunch according to the menu.	5-8-14	<i>[initials]</i>
11	711.08.b	The facility did not document Resident #1's wound care, nor were all assistance with medications documented.	5-8-14	<i>[initials]</i>
12	711.08.c	The facility did not document all unusual events such as Resident #1's ER visits and changes of condition.	5-8-14	<i>[initials]</i>
13	711.08.f	Care notes from an outside service were not available in Resident #1's record.	5-8-14	<i>[initials]</i>
14	250.14	The facility did not provide a secure environment for Resident #2 who had a cognitive impairment such as dementia.	5-8-14	<i>[initials]</i>
15				
16				
17				
18				



IDAHO DEPARTMENT OF HEALTH & WELFARE Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
 3232 W. Elder Street, Boise, Idaho 83705
 208-334-6626

Critical Violations Noncritical Violations

Establishment Name <u>Trail creek</u>		Operator <u>Jennifer bollinet</u>	
Address <u>1377 N Trail Courtway</u>			
County <u>ADA</u>	Estab #	EHS/SUR.#	Inspection time: <u>11:00 AM</u> Travel time:
Inspection Type: <u>Standard</u>	Risk Category: <u>High</u>	Follow-Up Report: OR	On-Site Follow-Up: Date: _____
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.			

# of Risk Factor Violations <u>1</u>	# of Retail Practice Violations <u>0</u>
# of Repeat Violations <u>0</u>	# of Repeat Violations <u>0</u>
Score <u>1</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	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	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	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	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
<input checked="" type="checkbox"/> N	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
<input checked="" type="checkbox"/> N	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
Chemical			
<input checked="" type="checkbox"/> N	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	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>beef meat</u>	<u>38</u>						
<u>colony cheese</u>	<u>39</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 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. Plan 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>Jennifer Pearson</u>	Jennifer Pearson (Print)	Admin Title	Date <u>4-9-14</u>
Inspector (Signature) <u>[Signature]</u>	[Signature] (Print)	Date <u>4-9-14</u>	Follow-up: (Circle One) Yes <input type="radio"/> No <input type="radio"/>



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

Page 2 of 2
Date 4/9/14

Establishment Name Trail Creek		Operator Jeanette Ballant	
Address 1377 W Trail Creek			
County ADA	Estab #	EHS/SUR #	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

5. The facility cook did not change gloves between tasks or wash hands between tasks; they prepared sandwiches.

Evidence of resolution due 4/19/14

4/16/14 - Review
4/17/14 - accept
[Signature]

Person in Charge [Signature]	Date 4-9-14	Inspector [Signature]	Date 4-9-14
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