



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

August 21, 2014

Anissa Rocha, Administrator
Warren House
1301 Bennett Street
Burley, Idaho 83318

Provider ID: RC-1053

Ms. Rocha:

On July 9, 2014, an initial state licensure survey was conducted at Warren House. 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 Karen Anderson, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

KAREN ANDERSON, RN
Team Leader
Health Facility Surveyor

KA/sc

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



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July 11, 2014

CERTIFIED MAIL #: 7007 3020 0001 4050 8470

Administrator
Warren House
1301 Bennett Street
Burley, ID 83318

Provider ID: RC-1053

Dear Administrator:

Based on the initial state licensure survey conducted by Department staff at Warren House between July 7, 2014 and July 9, 2014, it has been determined that the facility failed to retain a licensed administrator for a period of more than 30 days. Additionally, the facility failed to implement policies and procedures to protect 1 of 4 sampled residents and potentially 100% of the residents from abuse.

These core issue deficiencies substantially limit the capacity of Warren House to furnish services of an adequate level or quality to ensure that residents' health and safety are protected. The deficiencies are 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 **August 23, 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?

Administrator

July 11, 2014

Page 2 of 2

Return the **signed** and **dated** Plan of Correction to us by **July 24, 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.

In accordance with IDAPA 16.03.22.003.02, you have available the opportunity to question cited deficiencies 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 **August 8, 2014**.

If, at the follow-up survey, the core deficiency 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 Warren House.

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.

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

PRINTED: 07/11/2014
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/09/2014
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NAME OF PROVIDER OR SUPPLIER
WARREN HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE
**1301 BENNETT STREET
BURLEY, ID 83318**

(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 deficiencies were cited during the initial licensure conducted between July 7, 2014 and July 9, 2014, at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Leader Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p>	R 000		
R 004	<p>16.03.22.215.03 Licensed Administrator Requirement - 30 Days</p> <p>The facility may not operate for more than thirty (30) days without a licensed administrator.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, it was determined the facility failed to retain a licensed administrator responsible for the day-to-day operations of the facility for a period of more than 30 days. This had the potential to impact 100% of the facility's residents.</p> <p>According to IDAPA 16.03.22.010.05, an administrator is defined as, "an individual, properly licensed by the Bureau of Occupational Licensing, who is responsible for day to day operation of a residential care or assisted living facility."</p>	R 004	<p>A licensed administrator is currently in place at Warren House as an Interim administrator. A new administrator will start, Monday, July 28, 2014. From this point going forward The Regional Director of Operations will oversee that the facility will not lapse the 30 day absence period without a licensed administrator in place.</p>	7-14-14

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

Tim DeFoor

[Signature]

TITLE *Director*

(X6) DATE

7-22-14

PRINTED: 07/11/2014
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NAME OF PROVIDER OR SUPPLIER WARREN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 BENNETT STREET BURLEY, ID 83318		
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R 004	Continued From page 1 Correspondence maintained at Licensing and Certification documented the facility had an assigned licensed administrator on 6/23/14. On 7/7/14 at 10:40 AM, an administrator from a "sister" facility, stated the licensed administrator that was assigned to the facility on 6/23/14, "never showed up to work." She stated the corporation asked if she would be willing to split her time between both facilities until they could hire a licensed administrator for the facility. The administrator from the "sister" facility further stated, she had been working at the facility since 6/23/14, without a variance from Licensing and Certification to be the administrator over both facilities. As of 7/9/14, the facility had operated without a dedicated licensed administrator assigned to the facility for 45 days.	R 004		
R 006	16.03.22.510 Protect Residents from Abuse. The administrator must assure that policies and procedures are implemented to assure that all residents are free from abuse. This Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to implement policies and procedures to protect 1 of 4 sampled residents (Resident #4) and potentially 100% of the residents from abuse. The findings include: IDAPA 16.03.22.520 documents, "The administrator must assure that policies and procedures are implemented to ensure that all residents are free from abuse."	R 006	Effective, Wednesday, July 16, 2014, All staff were inserviced by state APS Investigator, Nancy Killinger, regarding Abuse Reporting. Staff were also instructed to report such allegations to Administrator and nurse. It is policy going forward that the management team will immediately suspend the individual and notify APS of the allegation, also, notify Corporate Human Resources, conduct a thorough investigation with detailed documentation and assist APS in all ways with their investigation. Upon outcome of investigation, the Management team will determine whether the employee will be allowed to return to work or will be terminated.	

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R 008	Continued From page 2 Idaho Statute 39-5303 requires that a residential care facility, serving vulnerable adults, must immediately report an allegation of abuse to Adult Protection/APS. The facility's abuse policy documented, "If abuse, neglect or exploitation of a resident is suspected, you must act immediately to protect the resident from additional harm...If an employee is suspected of abuse, the employee must be suspended pending the allegation of an investigation...Adult Protective Services must be notified immediately for incidents of abuse." According to her record, Resident #4 was a 94 year-old female, admitted to the facility on 10/12/11, with a diagnosis of dementia. An entry on "Resident Service Notes," dated 4/11/14, documented Resident #4 "states that a caregiver had hit her. Called RD [resident director]. He said to make a statement." A note, not dated, but signed by a caregiver, documented Resident #4 told a caregiver on 4/10/14, that another caregiver had hit her. The note further documented, Resident #4 was upset and wanted to know why somebody would want to hurt her. An incident report form, dated 4/14/14, documented on 4/11/14, Resident #4 told a caregiver that another caregiver had "hit" her. The report documented, the administrator and the facility nurse were notified on 4/11/14. The report further documented, the resident had a history of "making false accusations about staff" and the administrator concluded that Resident #4 "wasn't hit & that this incident was fictional. It shows that	R 008		

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R 006	<p>Continued From page 3</p> <p>[Resident #4's name] dementia is continuing to progress."</p> <p>There was no documentation in Resident #4's record that the resident had been protected pending an investigation or that APS had been notified as required.</p> <p>There was no documentation found in the facility of what steps the facility took to protect Resident #4 or other residents from potential abuse.</p> <p>On 7/7/14, the current staff schedule documented the accused caregiver still worked at the facility.</p> <p>The administrator at the time of the incident no longer worked for the corporation and was not available for interview.</p> <p>On 7/7/14 between 3:30 and 4:00 PM, the administrator for a sister facility and the facility nurse stated Resident #4 often accused the staff of "stealing" her belongings, which were frequently later found in the resident's room. The facility nurse stated she interviewed the resident after the allegation of abuse. She stated the resident did not have any bruises and the resident denied that she had been hit by a caregiver. The facility nurse stated she had not reported the allegation of abuse to APS.</p> <p>The facility did not protect Resident #4 when the resident reported that she had been "hit" by an employee of the facility.</p> <p>The administrator did not implement the facility's abuse policy such as suspending the alleged abuser until an investigation was completed. Further, the administrator did not notify APS of the allegation of abuse.</p>	R 006		

Bureau of Facility Standards

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R 006	Continued From page 4 The facility failed to ensure Resident #4 and other residents were protected from abuse.	R 006		



Facility WARREN HOUSE	License # RC-579	Physical Address 1301 BENNETT STREET	Phone Number (208) 677-8212
Administrator Cindy West	City BURLEY	ZIP Code 83318	Survey Date July 8, 2014
Survey Team Leader Karen Anderson	Survey Type Initial Licensure	RESPONSE DUE: August 7, 2014	
Administrator Signature <i>Cindy West, ED</i>	Date Signed 07-09-2014		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	225	The facility did not evaluate and develop interventions for residents with documented exit seeking behaviors. Additionally, current behavioral plans for Resident #3, #4 & #5 did not identify behavioral symptoms that were distressing to the resident or infringe on other residents rights.	8/15/14	KA
2	225.02.g	Current behavior plan interventions were not reviewed for effectiveness.	8/15/14	KA
3	305.02	Resident #1 did not receive medications as ordered by the physician. Resident #4 had multiple PRN medication orders that required clarification.	8/15/14	KA
4	305.03	The facility nurse did not conduct periodic assessments on the progression of Resident #3's wounds, or conduct an assessment when the resident had signs and symptoms of having a CVA.	8/15/14	KA
5	320.02.e	NSAs did not clearly reflect all the residents needs. For example, Resident #3's NSA did not direct caregivers on how to provide wound care and interventions to prevent further skin breakdown.	8/15/14	KA
6	350.02	The administrator did not conduct investigations of all incidents and accidents.	8/15/14	KA
7	350.04	The administrator did not provide a written response to all complainants.	8/15/14	KA
8				
9				
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15				
16				
17				



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>Wanam House</u>		Operator <u>Cindy West</u>	
Address <u>1301 Bennett Street</u>		<u>Boise ID 83318</u>	
County <u>Latah</u>	Estab # <u>20823</u>	EHS/SUR #	Inspection 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 <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
<u>Y</u> 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)		
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<u>Y</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
<u>Y</u> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
<u>Y</u> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> 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		
<u>Y</u> N N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Returned / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>Y</u> N N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<u>Y</u> N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<u>Y</u> N N/A	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
<u>Y</u> 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>Chicken</u>	<u>39°</u>	<u>Cottage cheese</u>	<u>41°</u>	<u>Chili</u>	<u>182</u>		
<u>Turkey deli</u>	<u>41°</u>			<u>cooked chicken</u>	<u>160°</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/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. 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)

<u>Cindy West, EL</u> Person in Charge (Signature)	<u>Cindy West</u> (Print)	<u>ED</u> Title	Date <u>7/9/2014</u>
<u>Karen Anderson</u> Inspector (Signature)	<u>KAREN Anderson</u> (Print)	Date <u>7/9/14</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input type="checkbox"/>