



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: 208-334-6626
FAX: 208-364-1888

September 17, 2013

Theresa Pendleton, Administrator
Desano Place LLC
PO Box 147
Shoshone, ID 83352

License #: RC-537

Dear Ms. Pendleton:

On August 29, 2013, a State Licensure survey was conducted at Desano Place, LLC. 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 Rachel Corey, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,


Rachel Corey, RN
Team Leader
Health Facility Surveyor

RC/tfp

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



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September 5, 2013

CERTIFIED MAIL #: 7012 1010 0002 0836 0171

Theresa Pendleton
Desano Place LLC
PO Box 147
Shoshone, ID 83352

Dear Ms. Pendleton:

Based on the Licensure survey conducted by Department staff at Desano Place, LLC between August 28 and August 29, 2013, it has been determined that the facility failed to protect residents from inadequate care by retaining a resident who required a level of care above that for which the facility is licensed.

This core issue deficiency substantially limits the capacity of Desano Place, LLC 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 **October 13, 2013**. **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 **September 18, 2013**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Theresa Pendleton
September 5, 2013
Page 2 of 2

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 **September 28, 2013**.

Also, be aware that any variance allowing the administrator to serve over other facilities is revoked as of the date of the exit conference. The facility must now employ a single, licensed administrator who is not serving as administrator over any other facilities. Failure to do so within thirty (30) days of the date of the exit conference will result in a core issue deficiency.

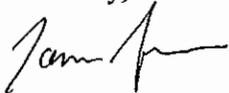
If, at the follow-up survey, the core deficiency still exists or a new core deficiency is identified, the Department will have no alternative but to initiate an enforcement action against the license held by Desano Place, LLC.

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. 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

RC/TFP

Residential Care/Assisted Living

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|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R537 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/29/2013 |
|--|--|---|--|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER DESANO PLACE LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 218 WEST B STREET SHOSHONE, ID 83352 |
|--|--|

| (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 | Initial Comments The following deficiency was cited during the licensure/follow-up survey conducted between 8/28/2013 and 8/29/2013 at your residential care/assisted living facility. The surveyors conducting the survey were: Rachel Corey, RN Team Coordinator Health Facility Surveyor Maureen McCann, RN Health Facility Surveyor | R 000 | Please note: This document references Resident #2. There was <u>NO</u> resident #5 sampled. Thank you. Response: although the resident #2 had been assessed at the SNF several days prior to admission by the nurse, resident #2 had not been examined on the day of admission, and wounds had not been reported as staff had been trained to do. | |
| R 008 | 16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based on record review and interview, it was determined the facility retained 1 of 3 sampled residents (Resident #2) with a pressure ulcer greater than a Stage II. The findings include: 1. Admission and Retention of Inappropriate Pressure Ulcer IDAPA rule 16.03.22.152.05.b states that "No resident will be admitted or retained who requires ongoing skilled nursing care not within the legally licensed authority of the facility. Such residents include: ix. A resident with Stage III or IV pressure ulcer." Resident #2, a 104 year-old male, was readmitted | R 008 | Corrective action: 1) A licensed nurse will examine any candidate for admission from head to toe on the day of admission. Candidates found with any wound considered Stage II or worse will NOT be admitted. 2) Staff will be re-trained to call L.N. immediately for any wound discovery, EVER. 3) Any residents who develop staged -II wounds will be seen immediately by a wound specialist immediately. 4) Any residents deemed to have stage III or stage IV wounds will be issued an automatic | 9/10/2013 9/10/2013 |

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

TITLE: Theresa Pondleton, admin. (X8) DATE

Residential Care/Assisted Living

| | | | |
|--|---|---|---|
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|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

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|-------|--|-------|---|--|
| R 008 | <p>Continued From page 1</p> <p>to the facility on 7/29/13 from a rehabilitation facility. Resident #2's diagnoses included Type II diabetes, kidney disease, hypertension and chronic obstructive pulmonary disease.</p> <p>A home health nursing "visit log," dated 7/31/13, documented the home health nurse assessed Stage III pressure ulcers located on each of Resident #2's "great toes."</p> <p>An emergency room visit report, dated 8/2/13, documented, "Distal tips of both of his great toes shows nickel-sized pressure ulcers grade 3..."</p> <p>A progress note from the administrator, dated 8/2/13, documented, Resident #2 was readmitted from a rehabilitation facility on 7/29/13. "Staff noted bandaids on great toes. Home Health noted Stage III wounds on Tues. I was only notified about this today."</p> <p>A hand-written body diagram, dated 8/26/13 at 8:00 AM, documented the administrator observed Resident #2's wounds with a wound specialist. The diagram documented there were Stage III pressure ulcers on each of the resident's "great toes."</p> <p>The resident's record contained a 30 day notice of discharge, issued on 8/26/13, and signed by the responsible party on 8/28/13. The facility retained the resident for 26 days with Stage III pressure ulcers, prior to issuing a 30 day notice of discharge.</p> <p>On 8/28/13 at 4:15 PM, the home health nurse stated Resident #2 was admitted from a rehabilitation facility with Stage III pressure ulcers on his toes and the discharging facility "had not notified anyone" of the pressure ulcers.</p> | R 008 | <p>30-day written discharge notice from the initial date of discovery of a Stage III wound.</p> <p>5) Resident #2 discharge notice, as issued, will be honored by 9/26/13 if wounds have not recovered to healing Stage II or less as deemed by wound specialist who has observed + treated wounds Q 48 hours, and as stipulated by survey team.</p> <p>6) An LPN will be hired to conduct skin checks and to report to RN daily, at all facility locations.</p> <p>7) RN will personally observe and assess wound status initially and bi-weekly as required, or more often as needed.</p> <p>8) A wound tracking sheet will be implemented on each resident with a wound and charted/measured and assessed for healing at least bi-weekly, or more often as needed. This will be retained in resident record and audited by administrator each month.</p> <p><i>Shera D. Daulton</i> Admin.</p> | <p>8/29/13</p> <p>9/26/13</p> <p>9/1/13</p> <p>9/1/13</p> <p>9/10/13</p> |
|-------|--|-------|---|--|

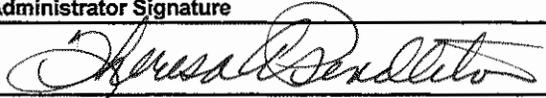
Residential Care/Assisted Living

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|--|--|---|--|
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| NAME OF PROVIDER OR SUPPLIER DESANO PLACE LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 218 WEST B STREET SHOSHONE, ID 83352 |
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|-------|---|-------|---|----------|
| R 008 | <p>Continued From page 2</p> <p>On 8/29/13 at 8:42 AM, a wound specialist, who cared for Resident #3's pressure ulcers, stated approximately two weeks ago, both of the wounds on the resident's toes were at a Stage III, but the ulcers were currently unstageable.</p> <p>On 8/29/13 at 9:00 AM, the administrator confirmed a 30-day notice had not been issued when the Stage III ulcers were initially identified.</p> <p>The facility retained Resident #2, who had Stage III pressure ulcers. This resulted in inadequate care.</p> | R 008 | <p>9) A wound specialist will be enlisted to provide staff, including all LNs a class on wounds and appropriate first aid, wound staging etc. as soon as practical.</p> <p>Thank you — Theresa Bendt (signature) Administrator DeSano Place Shoshone, Id. 9/10/2013</p> | 10/31/13 |
|-------|---|-------|---|----------|

| | | | |
|---|--|---------------------------------------|--------------------------------|
| Facility DESANO PLACE LLC | License # RC-537 | Physical Address 218 WEST B STREET | Phone Number (208) 886-7665 |
| Administrator Theresa Pendleton | City SHOSHONE | ZIP Code 83352 | Survey Date August 29, 2013 |
| Survey Team Leader Rachel Corey | Survey Type Licensure and Follow-up | RESPONSE DUE: September 28, 2013 | |
| Administrator Signature  | Date Signed 8/29/13 | | |

NON-CORE ISSUES

| Item # | IDAPA Rule # 16.03.22. | Description | Department Use Only | |
|--------|---------------------------|--|---------------------|----------|
| | | | EOR Accepted | Initials |
| 1 | 300.02 | Resident #2's current Tylenol order was not implemented as ordered. Resident #1's diltiazem XR, Colace and MOM, were not implemented as ordered. | 9-16-13 | RC |
| 2 | 305.02 | Resident #3's record did not contain signed physician orders for her medications. Resident #1's record did not contain the correct potassium order. Not all PRN medications were available as ordered for Resident #1 and #2; some PRN medications were expired. | 9-16-13 | RC |
| 3 | 305.03 | Resident #1 was not assessed by the facility RN for changes of condition such as: falls, swelling of the legs, skin conditions, and changes of mental status. | 9-17-13 | RC |
| 4 | 451.01.c | Resident #1's record did not contain a physician order for his therapeutic diet. | 9-16-13 | RC |
| 5 | 710.04 | A history and physical was not obtained prior to admitting Resident #3. | 9-16-13 | RC |
| 6 | 350.02 | The administrator did not document an investigation for all incidents and accidents. | 9-17-13 | RC |
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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>Theresa's Place</u> | | Operator <u>Theresa Lundsten</u> | |
| Address <u>216 W. 35th</u> | | City/State <u>Shoshone ID</u> | |
| County <u>Twin Falls</u> | Estab # | EHS/SUR.# | Inspection time: <u>8:30 AM + noon</u> |
| Inspection Type: | Risk Category: <u>high</u> | Follow-Up Report: OR | On-Site Follow-Up: OR |
| 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 |
|-------------|---|--------------------------|--------------------------|
| (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 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 / reservice 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 = 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>washed potatoes</u> | <u>175°</u> | <u>sour cream</u> | <u>35°</u> | | | | |
| <u>fish</u> | <u>189</u> | | | | | | |

GOOD RETAIL PRACTICES (X = 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"/> 28. Water source and quantity | <input type="checkbox"/> |
| <input type="checkbox"/> 29. Insects/rodents/animals | <input type="checkbox"/> |
| <input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use | <input type="checkbox"/> |
| <input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention | <input type="checkbox"/> |
| <input type="checkbox"/> 32. Sewage and waste water disposal | <input type="checkbox"/> |
| <input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools | <input type="checkbox"/> |
| <input type="checkbox"/> 34. Food contamination | <input type="checkbox"/> |
| <input type="checkbox"/> 35. Equipment for temp. control | <input type="checkbox"/> |
| <input type="checkbox"/> 36. Personal cleanliness | <input type="checkbox"/> |
| <input type="checkbox"/> 37. Food labeled/condition | <input type="checkbox"/> |
| <input type="checkbox"/> 38. Plan food cooking | <input type="checkbox"/> |
| <input type="checkbox"/> 39. Thawing | <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"/> |

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

| | | | |
|---|---------|------------------------|--|
| Person in Charge (Signature) <u>Theresa Lundsten</u> | (Print) | Title <u>COO</u> | Date <u>8/29/13</u> |
| Inspector (Signature) <u>A. McC...</u> | (Print) | Date <u>8/29/13</u> | Follow-up: (Circle One) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |