



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

November 17, 2014

Bridgett Snyder, Administrator  
Ashley Manor - Mountain Home  
940 West 8th South  
Mountain Home, Idaho 83647

Ms. Snyder:

Congratulations to both you and your staff on your recent state licensure/follow-up survey which was conducted at Ashley Manor - Mountain Home on 11/04/2014. No deficiencies were cited during the survey which qualifies you for a *Gold Excellence in Care Award*.

With this award, you have joined the exclusive ranks of just a handful of Idaho Residential Care Assisted Living Facilities that meet this exceptional standard of care. Thank you for you and your staff's dedication to providing excellent care and ensuring the residents you serve receive superior services and live in a clean, safe and home-like environment.

Again, congratulations to you and your staff on this tremendous achievement.

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:  <b>13R688</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/04/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ASHLEY MANOR - MOUNTAIN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>940 WEST 8TH SOUTH MOUNTAIN HOME, ID 83647</b>
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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
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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 licensure and follow-up survey conducted on November 4, 2014 at your facility. The surveyors' conducting the survey were:</p> <p>Polly Watt-Geier, MSW Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



# HEALTH & WELFARE Food Establishment Inspection Report

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

*hunt Home Bed 1 & Bed 2*

Critical Violations Noncritical Violations

Establishment Name <i>Asheley Manor</i>		Operator <i>Bridgett Snyder</i>	
Address <i>940 W 8th South</i>		<i>hunt Home 83642</i>	
County <i>Boise</i>	Estab # <i>20828</i>	EHS/SUR # <i>20828</i>	Inspection time: _____ Travel time: _____
Inspection Type: <i>High</i>	Risk Category: <i>High</i>	Follow-Up Report: OR	On-Site Follow-Up: _____ Date: _____

# of Risk Factor Violations <i>0</i>	# of Retail Practice Violations <i>1</i>
# of Repeat Violations _____	# of Repeat Violations <i>0</i>
Score <i>0</i>	Score <i>1</i>
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.

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

### 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
<i>(Y) N</i>	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Employee Health (2-201)</b>		
<i>(Y) N</i>	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>		
<i>(Y) N</i>	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Y) N</i>	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Control of Hands as a Vehicle of Contamination</b>		
<i>(Y) N</i>	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Y) N</i>	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Y) N</i>	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Approved Source</b>		
<i>(Y) N</i>	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Y) N</i>	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Y) N N/A</i>	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Protection from Contamination</b>		
<i>(Y) N N/A</i>	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Y) N N/A</i>	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Y) N</i>	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Y) N</i>	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

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

*Bed 1*

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>chicken salad</i>	<i>180</i>	<i>tom soup</i>	<i>155</i>	<i>chicken pasta</i>	<i>316</i>	<i>Chicken</i>	<i>181</i>
<i>Pace</i>	<i>165</i>	<i>turkey</i>	<i>169</i>	<i>chicken</i>	<i>410</i>		<i>165</i>

### GOOD RETAIL PRACTICES (input checked box = 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 checked="" 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 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"/>
<i>New Cookware on order</i>	<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) <i>Karen Anderson</i>	(Print) <i>KAREN Anderson</i>	Title <i>Administrator</i>	Date <i>11-4-14</i>
Inspector (Signature) <i>Karen Anderson</i>	(Print) <i>KAREN Anderson</i>	Date <i>11-4-14</i>	Follow-up: (Circle One) Yes No