



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

November 6, 2013

Shanna Linehan, Administrator
Lark's Haven on Hilgren
11950 N Thames Ct
Hayden, ID 83835

License #: RC-1042

Dear Ms. Linehan:

On September 13, 2013, an initial licensure survey was conducted at Lark's Haven on Hilgren. As a result of that survey, deficient practices were found. The deficiencies were cited at the following levels:

- 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 Matt Hauser, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Matt Hauser
Team Leader
Health Facility Surveyor

MH/ftp

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



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HEALTH & WELFARE

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FAX: 208-364-1888

September 23, 2013

CERTIFIED MAIL #: 7012 1010 0002 0836 0225

Shanna Linehan
Lark's Haven on Hilgren
11950 N Thames Ct
Hayden, ID 83835

Dear Ms. Linehan:

Based on the initial licensure survey conducted by Department staff at Lark's Haven on Hilgren between September 12 and September 13, 2013, it has been determined that the facility failed to protect residents from inadequate care.

This core issue deficiency substantially limits the capacity of Lark's Haven on Hilgren to provide for residents' basic health and safety needs. 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 28, 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 **October 3, 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.

Shanna Linehan
September 23, 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 **October 13, 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 Lark's Haven On Hilgren.

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

MH/TFP

RECEIVED
OCT 28 2013
RALF

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

13R1042

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

B. WING: _____

(X3) DATE SURVEY COMPLETED

09/13/2013

NAME OF PROVIDER OR SUPPLIER

LARK'S HAVEN ON HILGREN

STREET ADDRESS, CITY, STATE, ZIP CODE

264 HILGREN AVE
HAYDEN, ID 83835

(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 initial survey conducted between 9/12/2013 and 9/13/2013 at your residential care/assisted living facility. The surveyors conducting the survey were:

Matt Hauser, QMRP
Team Leader
Health Facility Surveyor

Donna Henscheid, LSW
Health Facility Surveyor

Survey Definitions:

NSA = Negotiated Service Agreement

UAI = Universal Assessment Instrument

R 000

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 observation, record review and interview it was determined the facility failed to provide 1 of 4 sampled residents (Resident #4), diagnosed with cognitive impairments, with a safe and secure environment. The findings include:

According to IDAPA 16.03.22.250.14 "Secure Environment. If the facility accepts and retains residents who have cognitive impairment, the facility must provide an interior or exterior yard which is secure and safe."

R 008

Plan of Correction!
① In service; staff retrained in careplans, behavior management program and administrator notifications. 9/15/2013
② Outside fence made secure by replacing handle, screening in gate to prevent access to outer knob. Plate welded to prevent access to the latch. Weekly checks to be done on gate to ensure the gate cannot be opened without using the key pad. 9/28/13

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

TITLE

(X6) DATE

STATE FORM

6899

BJGW11

If continuation sheet: 1 of 6

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/13/2013
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NAME OF PROVIDER OR SUPPLIER
LARK'S HAVEN ON HILGREN

STREET ADDRESS, CITY, STATE, ZIP CODE
**264 HILGREN AVE
HAYDEN, ID 83835**

(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 1</p> <p>On 9/12/13, between 8:15 AM and 9:55 AM, a tour of the facility was conducted. The front door of the facility was observed to be unlocked. An alarm which did not sound when the door was opened was observed. A back exit door, leading to a back patio area, was observed to be unlocked and was not alarmed. Another exit door, leading to another yard, was also observed to be unlocked and to have an alarm which was not operational. Resident #4's door was located off the hallway from the exit leading to the front yard. The entire yard was observed to be fenced, however the gate could be easily opened without using the keypad lock.</p> <p>The facility was licensed for 15 residents and had 14 residents on 9/13/13. The staffing schedule documented one staff member was scheduled on each shift to provide care, supervision and to assist the residents with activities of daily living and medications. In addition, the staff member also cooked meals for the residents and cleaned the facility.</p> <p>Resident #4's record documented she was admitted to the facility on 8/31/08; however, the facility was not opened until 2/04/13. Her record further documented, she had diagnoses which included dementia, mental retardation, bipolar disorder, traumatic brain injury and organic personality disorder. The facility admission and discharge register documented Resident #4 moved to the present facility from a "sister facility" owned and operated by the same entity that operated the present facility.</p> <p>Resident #4's door was located off the hallway from the exit leading to the front yard. The entire yard was observed to be fenced, however the</p>	R 008	<p>③ Resident placed on ten minute checks by staff while waiting for gate to be secured. Facility exit doors will remain alarmed. Doors will monitored weekly to ensure they are working properly.</p> <p>Resident #4 has been in our facility for 5 years. Resident feels safe, cared for, and does not want to move. Family does not want resident to move. Our facility will ensure that the facility remains safe and secure for resident #4 and any other resident needing a secure environment.</p> <p><i>Shannon Luhn</i> 10/10/13</p>	9/13/13

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER LARK'S HAVEN ON HILGREN	STREET ADDRESS, CITY, STATE, ZIP CODE 264 HILGREN AVE HAYDEN, ID 83835
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R 008	<p>Continued From page 2</p> <p>gate could be easily opened without using the keypad lock.</p> <p>Resident #4's UAI, dated 7/15/13, documented she "will get lost any time she is outside the view of the house, has to be accompanied by staff when outside." The UAI further documented she was "frequently disoriented to person, place, time or situation, even if in familiar surroundings, and requires supervision and oversight for safety. Becomes disoriented to time and situation on a daily basis." It documented Resident #4 "Cannot remember or use information. Requires continual verbal prompts." Her UAI also documented "Judgement is always poor. Cannot make appropriate decisions for self or makes unsafe decisions and needs intense supervision."</p> <p>Resident #4's NSA, completed by the facility on 4/12/13, documented she had a history of elopement. Her NSA documented that she "will be supervised when awake and out in the community." It further documented "Planning a possible discharge to Lark's Haven on Hilgren for a more secure environment." However, as noted above, the facility was not observed to be secure, nor were any of the alarms operational during the tour on 9/12/13.</p> <p>A behavior management plan, dated 9/18/12, documented Resident #4 exhibited behaviors which included "Elopement." The interventions for her elopement behavior included redirecting her to perform "light house chores." The intervention also stated, if she could not be redirected, staff were to "walk with her and stay with her until she was calm and ready to return to the house."</p> <p>Resident #4's "Resident Care Notes" documented, on 5/11/13 from 2 PM - 10 PM, the</p>	R 008		

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER LARK'S HAVEN ON HILGREN	STREET ADDRESS, CITY, STATE, ZIP CODE 264 HILGREN AVE HAYDEN, ID 83835
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R 008 Continued From page 3

resident "had a pretty good day until dinner. She got upset at something another resident said and started storming out. Staff tried to redirect. She only cursed more and left. Had to be brought back by Sheriff. Was good the rest of the night." There was no further documentation, investigation, or plan to prevent reoccurrence regarding Resident #4's elopement on 5/11/13.

On 9/12/13 at 1:47 PM, the administrator and the assistant to the administrator were interviewed. The administrator stated, she was not informed of Resident #4's elopement on 5/11/13. She further stated the elopement incident had not been investigated and preventative measures were not put into place because she was unaware of the incident. The assistant administrator stated Resident #4 had eloped "3 or 4 times" at the sister facility and was moved to the present facility in hopes that her elopement behaviors would improve.

From 9/12 through 9/13/13, four staff were interviewed. Staff C stated she heard Resident #4 had eloped while at the facility, but that it had not occurred while she was working. Staff D stated Resident #4 had eloped "about four days ago." Staff D stated, about four days ago, the facility puppy "got loose" and Resident #4 went to look for the puppy and became lost. Staff D further stated, the incident had not been documented or reported to the administrator.

On 9/13/13 at 2:30 PM, Resident #3 was interviewed. He stated over the previous weekend (9/7/13) the facility's puppy went missing and he and other residents went searching for it. He stated Resident #4 left the facility grounds alone, became lost and was missing for approximately 45 minutes. He stated she was brought back by a

R 008		
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Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER LARK'S HAVEN ON HILGREN	STREET ADDRESS, CITY, STATE, ZIP CODE 264 HILGREN AVE HAYDEN, ID 83835
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R 008	<p>Continued From page 4</p> <p>fireman.</p> <p>On 9/13/13 at 2:40 PM, Resident #4 was interviewed. She stated she recalled going to look for the puppy and getting lost about "3 or 4 days ago." She stated she opened the gate and left to look for the puppy and got "very lost" and believed she was somewhere near "Priest Lake." She further stated she prayed a policeman or fireman would find her and return her to the facility.</p> <p>On 9/13/13 at 2:50 PM, a random resident stated Resident #4 eloped last Saturday (9/7/13) when the puppy got out. She stated Resident #4 was only missing for approximately 30 minutes and was brought back by a fireman.</p> <p>On 9/13/13 at 3:00 PM, the administrator and the assistant to the administrator stated they were not aware Resident #4 had eloped over the weekend of 9/7/13.</p> <p>At 3:30 PM on 9/13/13, an Immediate Danger situation was identified. Resident #4 had a known history of elopements at her previous residence, owned and operated by the same entity as the current facility. She also had 2 elopement incidents at the current facility, one on 5/11/13 and the other on 9/7/13. The facility administrator was not aware of either of the elopements and had not implemented any preventative measures to keep Residents #4 from continuing to elope. Additionally, the facility was not secure and none of the door alarms were observed to be operational.</p> <p>At 4:39 PM on 9/13/13, the assistant to the administrator activated the door alarms on two of the exit doors and installed a new door alarm on</p>	R 008		

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R 008	<p>Continued From page 5</p> <p>the door that did not have an alarm. Resident #4 was put on 10 minute staff checks. Additionally, staff were re-trained to document and report any further elopement incidents to him and the administrator.</p> <p>The facility did not provide Resident #4 with a safe and secure environment which led to inadequate care.</p>	R 008		
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**STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION**

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____
B. WING _____

(X3) DATE SURVEY COMPLETED

9/13/2013

NAME OF FACILITY

LARK'S HAVEN ON Hilgren

STREET ADDRESS, CITY, STATE, ZIP CODE

264 Hilgren Ave, Hayden ID 83835

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY SHOULD BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)

(X5)
COMPLETION
DATE

520.
9/12/13

Resident #4, had history of documented elopements. In current facility, Resident #4 eloped on 5/11/13, from "2pm-10pm" staff had attempts to redirect but resident left and was later "brought back by Sheriff." Resident #4 also eloped last weekend (9/6-9/8) and was gone for a half hour to forty five minutes. Administrator was not notified or aware of either elopements. The facility is not a secured environment. 9/12/13

See plan of correction that is attached. SZ

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

Administrator

(X6) DATE

9/12/13



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 <i>Lark's Haven at Hilgren</i>		Operator <i>Shanna Linehan</i>	
Address <i>264 W Hilgren</i>			
County <i>Kootenai</i>	Estab #	EHS/SUR #	Inspection time: _____ Travel time: _____
Inspection Type:	Risk Category: <i>High</i>	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>2</u>	# of Retail Practice Violations	<u>1</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>2</u>	Score	<u>1</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>X</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 <u>N/A</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
<u>X</u> <u>N</u> <u>N/A</u>	11. Food segregated, separated and protected (3-302)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	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 <u>N/O</u> <u>N/A</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<u>Y</u> <u>N</u> <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> N <u>N/O</u> <u>N/A</u>	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<u>Y</u> N <u>N/A</u>	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 <u>N/A</u>	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
<i>Stuffing (bread)</i>	<i>41°</i>						
<i>in fridge</i>							

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 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 checked="" type="checkbox"/> 39. Thawing	<input checked="" 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) <i>[Signature]</i> (Print) <i>Ryan Linehan</i> Title <i>Asst. Admin</i> Date _____	Inspector (Signature) <i>[Signature]</i> (Print) <i>Donna Henschel</i> Date <i>9/12/13</i>	Follow-up: (Circle One) <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>
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