



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

February 7, 2013

CERTIFIED MAIL #: 7007 3020 0001 4050 8081

Rosemary Ann Dutson-Sater
Bridge Assisted Living at Sandpoint
Sandpoint Medical Investors Limited Partnership
1123 North Division Street
Sandpoint, ID 83864

Dear Ms. Dutson-Sater:

Based on the state licensure/follow-up survey conducted by our staff at Bridge Assisted Living at Sandpoint, on January 30, 2013, we have determined that the facility was without a licensed administrator for 33 days.

This is a repeat deficiency: Bridge Assisted Living at Sandpoint was previously cited on July 27, 2010, for failing to retain a licensed administrator for more than 56 days.

Further, the facility failed to provide a secure interior and exterior environment for a resident who was cognitively impaired and at risk for elopement.

These core issue deficiencies substantially limit the capacity of Bridge Assisted Living at Sandpoint, to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. 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 **March 16, 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?

Rosemary Ann Dutson-Sater

February 7, 2013

Page 2 of 2

- ◆ 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)?
- ◆ What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **February 19, 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.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, 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..

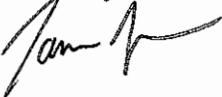
Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **March 1, 2013**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities in Idaho, the Department will have no alternative but to initiate an enforcement action against the license held by Bridge Assisted Living at Sandpoint, Sandpoint Medical Investors. Enforcement actions may include:

- Limitation on Admissions
- Civil monetary penalties
- Temporary Management
- Provisional License

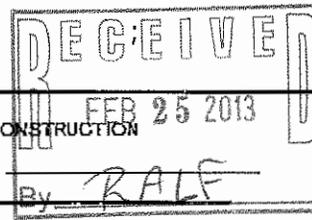
Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626 and ask for the RALF program.

Sincerely,



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

MMC/TFP



Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R510	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ By <u>RALF</u>	(X3) DATE SURVEY COMPLETED 01/30/2013
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NAME OF PROVIDER OR SUPPLIER BRIDGE ASSISTED LIVING AT SANDPOINT, SA	STREET ADDRESS, CITY, STATE, ZIP CODE 1123 NORTH DIVISION STREET SANDPOINT, ID 83864
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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 following deficiencies were cited during the licensure/follow-up survey conducted on 01/28/2013 through 1/30/2013 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Maureen McCann, RN Team Leader Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p> <p>Mathew Hauser, QMRP Health Facility Surveyor</p> <p>Abbreviations: @ = at & = and BP = blood pressure Med Aid = medication aide NSA = negotiated service agreement re = regarding RES = resident resp = respirations temp = temperature V.S. Vital signs w/c = wheel chair X2 = twice</p>	R 000	<p><i>R004 Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.</i></p> <p>16.03.22.215.03 Licensed Administrator Requirement – 30 Days</p> <p>With respect to action that will be taken for specific area cited:</p> <p>On Saturday, August 4, 2012, The Bridge's General Manager passed away unexpectedly due to drowning. On August 6, 2012, Idaho Dept. of Health was notified in writing of the recruitment plan and interim designation of the Licensed Nurse designee. After an exhaustive search, an interim administrator was found. However, they were unable to begin services until September 5, 2012 and would not continue services past November 10, 2012.</p>	
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>	R 004	<p>With respect to how facility will identify areas with potential for the identified concern and take corrective action:</p>	

Bureau of Facility Standards

Ann Outson-Sater

TITLE

Administrator, Bus. Off Mgr

(X6) DATE

2/18/13

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

STATE FORM

6889

60V511

If continuation sheet 1 of 6

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R610	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2013
NAME OF PROVIDER OR SUPPLIER BRIDGE ASSISTED LIVING AT SANDPOINT, SA		STREET ADDRESS, CITY, STATE, ZIP CODE 1123 NORTH DIVISION STREET SANDPOINT, ID 83864		
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R 004	<p>Continued From page 1</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> <p>A review of the facility's correspondence maintained at Licensing and Certification on 1/23/13, documented the facility had an assigned licensed administrator until 8/4/12. On 9/6/12, Licensing and Certification received notification that a new administrator began on 9/6/12.</p> <p>On 1/30/12 at 9:50 AM, the current facility administrator confirmed there was a 33 day gap between 8/4/12 through 9/6/12, when the facility was without a licensed administrator.</p> <p>From 8/4/12 through 9/6/12, the facility operated a total of 33 days without a licensed administrator.</p> <p>On 7/27/10, the facility received a deficiency for not having a licensed administrator assigned to the facility for 56 days.</p> <p>THIS IS A REPEAT CORE DEFICIENCY</p>	R 004	<p>The Bridge's Business Office Manager received a provisional permit on November 5, 2012 (license was received on January 11, 2013), and took over administrative duties at The Bridge at Sandpoint on November 11, 2012.</p> <p>With respect to what systemic measures have been put in place to address the stated concern:</p> <p>The community has a licensed Administrator in place. The General Manager is scheduled to apply for the Administrator exam.</p> <p>With respect to how Plan of Correction measures will be monitored:</p> <p>The General Manager will ensure a licensed administrator is on staff in the community.</p>	

Bureau of Facility Standards

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R 008	Continued From page 2	R 008		
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 did not provide an interior environment which was secure for 1 of 1 sampled residents (Resident #7) who was cognitively impaired and at risk for elopement. The lack of a secured environment had the potential to affect other residents of the facility who were cognitively impaired. The findings include:</p> <p>IDAPA 16.03.22.250.14 documents, "Secure Environment. If the facility accepts and retains residents who have cognitive impairment, the facility must provide an interior environment and exterior yard which is secure and safe."</p> <p>On 1/29/13, the facility was observed to be a 2 story building, licensed for 65 beds and had resident apartments located on both floors. The facility's current census was 35 residents. There were multiple exit doors throughout the building, which were not secured. Residents could exit any of the doors 24 hours a day. There was no secure exterior yard observed surrounding the building.</p> <p>On 1/29/13 at 8:30 AM, a caregiver stated the facility was staffed with 3 caregivers during the day shift and 2 caregivers for the entire building after 9:00 PM.</p> <p>Resident #7 was an 87 year old female who was</p>	R 008	<p><i>R008 Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.</i></p> <p>16.03.22.520 Protect Residents from Inadequate Care</p> <p>With respect to specific resident cited:</p> <p>Resident's care and service needs were reviewed with Resident's family, and the decision was made to terminate the Residency Agreement. Resident was moved on Friday, February 8, 2013.</p>	

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R 008	<p>Continued From page 3</p> <p>admitted to the facility on 4/4/08, with diagnoses which included dementia.</p> <p>On 1/29/13 at 10:50 AM, Resident #7 was observed on the second floor ambulating with her walker in the hallway. She told the surveyor she was "very tired." When asked if she wanted to sit down in a chair approximately 4 feet from where she was standing, the resident required extensive verbal cueing to assist her to back up to the chair and sit down safely. The resident was very confused and did not know which room was hers. She was unable to carry on a conversation and answered simple questions in an unrelated context.</p> <p>An NSA, dated 8/15/12, documented the "Resident needs to be observed closely that she does not leave the facility. She is an elopement risk - easily redirected."</p> <p>Facility, "Resident Log Notes", documented the following:</p> <ul style="list-style-type: none"> * 3/4/11 at 6:40 PM, "Resident was stopped from leaving the building. She stated she was going to look for the family." * 3/27/11 at 7:00 PM, "Resident was outside of building going to find her children." * 10/14/11 at 1:00 PM, " Res. was brought back into the facility @ 1100 by the mailman. He stated she was outside and appeared extremely confused. Res. stated she was just walking back from (name of town) after visiting her mother." * 12/12/11 at 4:30 PM, "During the music social, Res walked outside. Med aid went out after her & asked where she was going. She told the Aid, 	R 008	<p>With respect to how the facility will identify other residents that may be affected and take corrective action:</p> <p>An audit of resident charts was conducted by Administrator and Resident Care Director to determine and identify residents with alternate placement needs related to resident cognition and elopement risk. Resident assessment and physician report review will be completed prior to resident approval for admission to ensure that a resident will not be admitted or retained if the resident's emotional, social, or physical needs are not compatible with the other residents in the community. Resident cognitive or behavior changes will be communicated on the daily 24 hour report for documented follow up by the Administrator and Resident Care Director. Resident Service Plans will reflect resident cognition, identified behaviors and the interventions to address.</p>	

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R 008	<p>Continued From page 4</p> <p>"I'm going to get the car to get my song books before my Mother realizes I've lost them."</p> <p>* 2/28/12 at 10:00 PM, "Resident has been very confused tonight. She as wandering the halls X2 tonight."</p> <p>* 3/3/12 at 10:00 PM, "Res wandered about a lot more than normal this shift. Seemed agitated/confused."</p> <p>* 8/18/12 at 4:00 PM, "At 1400 family members came to see Res. Aids were all looking for Res when Med Aid from first shift found Res outside, on the ground, with her back to the shed. Aid came & got other two aids to assist with getting Res up off the ground. Res was to (sic) weak to stand & aids used w/c to transport Res back to room. While aid was changing Res, aid found small lacerations on left forearm & cleaned it. Res V.S. temp 100.4 - pulse 126 - Resp 16 - BP 72/48 also Res was sunburned on face & arms."</p> <p>A facility "Incident Report", dated 8/17/12, documented under the heading, "Steps Taken to prevent Recurrence" that the resident's dementia has increased. "She is carefully watched for wandering but mobile enough to go outside."</p> <p>A "90 - Day Nursing Assessment", dated 1/11/13, documented the resident experienced a decrease in cognition and an increase in confusion since the last assessment dated 10/18/12. The 1/11/13 assessment further documented the resident "Needs assistance returning to her apartment. Confusion re: the toilet. Urinated in chair".</p> <p>On 1/30/13 at 8:35 AM, the facility administrator confirmed Resident #7 was very confused and had left the building unsupervised several times.</p>	R 008	<p>With respect to what systemic measures have been put in place to address the stated concern:</p> <p>On February 23, 2013, an in-service training is scheduled for the staff to review Care for residents with Dementia or Alzheimers, 24 hour report use, communication to families, and the community Elopement and Exit Seeking Policy.</p> <p>With respect to how the Plan of Corrective Measures will be monitored:</p> <p>Administrator will randomly review resident files to ensure compliance. Residency Agreement Termination notices will be given to residents/responsible parties when resident safety cannot be maintained and managed by the community.</p>	

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R 008	Continued From page 5 She further confirmed the facility did not have an inferior environment and exterior yard which was secure and safe. The facility failed to provide Resident #7, with a secure environment. The resident left the facility unsupervised several times. In August 2012, the resident was found outside on the ground, in the hot sun with an elevated temperature, pulse and a decreased blood pressure. This failure resulted in inadequate care.	R 008		



Facility Name Bridge Assisted Living At Sandpoint	Physical Address 1123 N. Division St.	Phone Number 208-263-1524
Administrator Rosemary Ann Dutson-Sater	City Sandpoint	ZIP Code 83864
Survey Team Leader Maureen McCann, RN	Survey Type Licensure/follow-up Survey	Survey Date January 30, 2013

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	220.02	The facility's admission agreements did not reflect all rule changes of 2010. Such as, billing residents when they are not in the facility, billing 3 days after residents have vacated their rooms, refunds after a resident is discharged from the facility.		
2	225.01	The facility did not document an evaluation of Resident #3's behaviors.	2/22/13 <i>mmc</i>	
3	225.02	The facility did not document interventions of Resident #3's behaviors.	2/22/13 <i>mmc</i>	
4	305.02	Physician prescribed PRN medications were not available for 4 of 7 residents. ****PREVIOUSLY CITED ON 7/27/10****	2/22/13 <i>mmc</i>	
5	350.01	The administrator was not notified of all incidents, accidents and complaints.	2/22/13 <i>mmc</i>	
6	350.02	The administrator did not complete an investigation of all incidents, accidents and complaints within 30 days.	2/22/13 <i>mmc</i>	
7	350.04	The facility did not provide complainants a written response to their complaint within 30 days.	2/22/13 <i>mmc</i>	
8	451.02	The facility did not offer snacks to residents who were unable to request them.	2/22/13 <i>mmc</i>	
9	630.01	5 of 7 staff did not receive Alzheimer's/dementia training.	2/22/13 <i>mmc</i>	

Response Required Date February 29, 2013	Signature of Facility Representative <i>Ann Dutson, Sater</i>	Date Signed 1/30/2013
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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>The Bridge SANDPOINT</u>	Operator <u>Rosemary ANN Dutton-Sater</u>
Address <u>1123 N. DIVISION</u>	County <u>SANDPOINT ID</u>
Estab # <u>0-11111</u>	EHS/SUR.#
Inspection Type: <u>STANDARD</u>	Risk Category: <u>High</u>
Follow-Up Report: OR On-Site Follow-Up: Date: <u>N/A</u> Date: <u>N/A</u>	Inspection time: _____ Travel time: _____

# 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

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
(Y) N	1. Certification by Accredited Program, or Approved Course; or correct responses, or compliance with Code Employee Health (2-201)	<input type="checkbox"/>	<input type="checkbox"/>
(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 (3-305 & 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
COS = Corrected on-site
R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Meat Loaf / Quail	157	Mushrooms / Finches	37.2				
Chive Cheese / Fish	37.1						

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"/>	<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 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>[Signature]</u> (Print) <u>Tom R...</u> Title <u>1-30-13</u> Date <u>1-30-13</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>
Inspector (Signature) <u>[Signature]</u> (Print) <u>MAT HAUSER</u> Date <u>1/30/2013</u>	