IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

LESLIE M. CLEMENT—DEPUTY DIRECTOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

November 23, 2011

Lisa Moore, Administrator
Assisted Living On Shamrock
9766 W Mossy Cup St
Boise, ID 83709

License #: Rc-547

Dear Mrs. Moore:

On October 5, 2011, a State Licensure Survey was conducted at Assisted Living On Shamrock. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact , Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Karen Anderson, RN

Karen Anderson, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R547	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 10/05/2011
NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING ON SHAMROCK	STREET ADDRESS, CITY, STATE, ZIP CODE 2716 SHAMROCK AVENUE NAMPA, ID 83686		

(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 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 core deficiencies were cited during the licensure/follow up survey conducted on 10/5/11, at your facility. The surveyors conducting the survey were: Karen Anderson, RN Team Coordinator Health Facility Surveyor Rachel Corey, RN Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Assisted Living on Shamrock	2716 Shamrock Ave	465-5923
Administrator	**City**	**ZIP Code**
Lisa Moore	Nampa	83686
Survey Team Leader	**Survey Type**	**Survey Date**
Karen Anderson	Licensure & follow up	10/5/11

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	009.06.c	One of two staff records did not have the required State OHV background checks.	11-10-11	KA
2	250.13.L	A closet divider was not available in a shared room.	11-10-11	KA
3	305.02	There was no order for Resident #1's oxygen flow rate.	COS 10/5	KA
4	455	Food was not available to meet the planned menu.	11-10-11	KA
5	730.01	The facility did not maintain an employee's record within the facility.	11-10-11	KA

Response Required Date	Signature of Facility Representative	Date Signed
11/4/11	[signature]	10-5-11

Date 10-5-11 Page 1 of 2

IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Food Protection Program, Division of Health
450 W. State Street, Boise, Idaho 83720-0036
208-334-5938

Establishment Name: Assisted Living on Shamrock	Operator: Lisa Moore
Address: 2716 Shamrock Ave	
County: Canyon; Estab #: ; EHS/SUR #:	Inspection time: 11:15 AM; Travel time:
Inspection Type: Standard; Risk Category: High	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: 3	# of Retail Practice Violations: Ø
# of Repeat Violations:	# of Repeat Violations:
Score: 3	Score: Ø
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.

		COS	R
	Demonstration of Knowledge (2-102)		
X Y N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	☐	☐
	Employee Health (2-201)		
X Y N	2. Exclusion, restriction and reporting	☐	☐
	Good Hygienic Practices		
X Y N	3. Eating, tasting, drinking, or tobacco use (2-401)	☐	☐
X Y N	4. Discharge from eyes, nose and mouth (2-401)	☐	☐
	Control of Hands as a Vehicle of Contamination		
X Y N	5. Clean hands, properly washed (2-301)	☐	☐
X Y N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	☐	☐
X Y N	7. Handwashing facilities (5-203 & 6-301)	☐	☐
	Approved Source		
X Y N	8. Food obtained from approved source (3-101 & 3-201)	☐	☐
X Y N	9. Receiving temperature / condition (3-202)	☐	☐
Y N N/A X	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	☐	☐
	Protection from Contamination		
Y X N N/A	11. Food segregated, separated and protected (3-302)	☒	☐
X Y N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	☐	☐
X Y N	13. Returned / reservice of food (3-306 & 3-801)	☐	☐
X Y N	14. Discarding / reconditioning unsafe food (3-701)	☐	☐

		COS	R
	Potentially Hazardous Food Time/Temperature		
Y N X N/O N/A	15. Proper cooking, time and temperature (3-401)	☐	☐
Y N X N/O N/A	16. Reheating for hot holding (3-403)	☐	☐
Y N X N/O N/A	17. Cooling (3-501)	☐	☐
Y N X N/O N/A	18. Hot holding (3-501)	☐	☐
Y X N N/O N/A	19. Cold Holding (3-501)	☒	☐
Y N N/O N/A	20. Date marking and disposition (3-501)	☐	☐
Y N N/O X N/A	21. Time as a public health control (procedures/records) (3-501)	☐	☐
	Consumer Advisory		
Y X N/A	22. Consumer advisory for raw or undercooked food (3-603)	☒	☐
	Highly Susceptible Populations		
X N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	☐	☐
	Chemical		
X N N/A	24. Additives / approved, unapproved (3-207)	☐	☐
X N	25. Toxic substances properly identified, stored, used (7-101 through 7-301))	☐	☐
	Conformance with Approved Procedures		
Y N X N/A	26. Compliance with variance and HACCP plan (8-201)	☐	☐

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
meat	51°	pumpkin	48°				
Spag Hi-Indy	45°						

GOOD RETAIL PRACTICES (☒= not in compliance)

		COS	R			COS	R			COS	R
☐	27. Use of ice and pasteurized eggs	☐	☐	☐	34. Food contamination	☐	☐	☐	42. Food utensils/in-use	☐	☐
☐	28. Water source and quantity	☐	☐	☐	35. Equipment for temp. control	☐	☐	☐	43. Thermometers/Test strips	☐	☐
☐	29. Insects/rodents/animals	☐	☐	☐	36. Personal cleanliness	☐	☐	☐	44. Warewashing facility	☐	☐
☐	30. Food and non-food contact surfaces constructed, cleanable, use	☐	☐	☐	37. Food labeled/condition	☐	☐	☐	45. Wiping cloths	☐	☐
☐	31. Plumbing installed, cross-connection, back flow prevention	☐	☐	☐	38. Plant food cooking	☐	☐	☐	46. Utensil & single-service storage	☐	☐
☐	32. Sewage and waste water disposal	☐	☐	☐	39. Thawing	☐	☐	☐	47. Physical facilities	☐	☐
☐	33. Sinks contaminated from cleaning maintenance tools	☐	☐	☐	40. Toilet facilities	☐	☐	☐	48. Specialized processing methods	☐	☐
				☐	41. Garbage and refuse disposal	☐	☐	☐	49. Other	☐	☐

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature): [signature] (Print): Lisa Moore Title: Admin Date: 10/5/11

Inspector (Signature): [signature] (Print): Rachel Cory Date: 10/5/11 Follow-up: (Circle One) Yes No

IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Food Protection Program, Office of Epidemiology
450 West State Street, Boise, Idaho 83702
208-334-5938

Date 10-5-11

Establishment Name	Operator
Assisted Living on Shamrock	Lisa Moore
Address: 2716 Shamrock Ave	
County: Canyon Estab # EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

11. Eggs were placed above foods which could become contaminated when broken. The facility corrected on sight by placing a pan below the eggs.

19. Foods in the refrigerator measured above 41°. The facility discarded the potentially hazardous foods, adjusted the thermostat within the fridge, & implemented a system to monitor the temps of the foods in the fridge.

20. The facility posted a consumer advisory.

Person in Charge	Date	Inspector	Date
[signature]		[signature]	10-5-11