AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) ENHANCED SERVICES FACILTY (ESF)

Attachment M



ENHANCED SERVICES FACILITY NAME		LICENSE NUMBER	ENTRANCE DATE			
LICENSOR'S NAME						
LICENSON O NAME	Inspection Type:   Full   Co	mplaint: Number _				
Kitchen on site: Yes No; if not, location of contracted kitchen:						
A. Food Services: General observation of		straint per regulati	on and facility			
<ul><li>policy).</li><li>Overall cleanliness of kitchen area (06505</li></ul>	<u> </u>					
Free from rodents and pests (06550)	,					
Proper hand hygiene and glove use (0230)						
<ul> <li>Staff cleanliness, use of hair restraints, an</li> <li>Food from approved sources (03200) (for</li> </ul>			d items)			
<ul> <li>Chemicals labeled and properly stored (07</li> </ul>	(200)		·			
<ul> <li>Person in charge to provide a copy of the observed in this inspection (02120)</li> </ul>	food handlers' cards for meal prepar	ation staff observed	during the meal			
<ul> <li>No ill food workers present (02220)</li> </ul>						
<ul> <li>Person in Charge describes process for st an illness (02205, 02220, 02225)</li> </ul>						
<ul> <li>Person in charge or designee describes per temperature or chemical controls (04555,</li> </ul>		llow manufacture gu	ıidelines for			
NOTES	,					
B. Food Preparation: Observe for proper			11			
<ul> <li>Person in charge or designee describes he (04645, 04700)</li> </ul>	ow food contact surfaces are thoroug	gniy cieaned / rinsed	a / sanitized			
<ul> <li>Person in charge or designee describes st</li> </ul>						
<ul> <li>No bare hand contact with ready to eat for</li> <li>Fruits and vegetables are thoroughly rinse</li> </ul>		its and vegetables (	(03300)			
<ul> <li>Raw meats stored below or away from rea</li> </ul>	dy to eat food (03306)					
Stored food is date marked (03526) (resource)  NOTES	ırce: <u>Department of Health Date Mark</u>	<u>king Toolkit</u> )				

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ENHANCED SERVICES FACILITY NAME	ervice Observations ar	LICENSE NUMBER	ENTRANCE DATE		
LICENSOR'S NAME					
	Inspection Type:  Full	Complaint: Number _			
C. Food Storomer Observe for proper time	/ tamparatura apptuals				
C. Food Storage: Observe for proper time	•		. h f l. ! . l		
<ul> <li>Food stored with proper temperature contr pork thawing at room temperature) (03510</li> </ul>		azardous foods such a	is beet, chicken,		
<ul> <li>Refrigerator temperature is maintained at </li> </ul>		tentially hazardous for	od must be at		
<40°F) (03525)	(	<b>,</b> <u>-</u>			
Foods are frozen in freezer (no specific ter					
<ul> <li>Potentially hazardous foods are properly of within a total of six hours or following the ra</li> </ul>	ooled (within two hours of going t	rom 135°F to 70°F and	d then to <41°F		
inches or less, uncovered, protected from o					
temperature of <41°F or other methods as		1			
Person in charge or designee identifies pro					
example, poultry 165°F [instantaneous], gr seconds])	ound meat at least 158°F [instan	taneous], fish and othe	er meats 145°F [15		
<ul> <li>Person in charge describes process to che</li> </ul>	ck food temperatures				
Person in charge or designee describes ho	•	ed (03400)			
Licensors may ask the facility to check food	d temperature, or licensor may ch	neck temperature of fo	od with a sanitized		
thermometer					
<ul> <li>Hot foods held at ≥135°F prior to serving</li> </ul>	= :				
<ul> <li>Cold foods held at ≤ 41°F prior to serving</li> </ul>	ig (03525)				
Food Temperature:°F;	(Date and time);		(location)		
Food Temperature:°F;	(Date and time);		(location)		
Food Temperature:°F;	(Date and time);		(location)		
NOTES					
D. Menus: Review current and past menu	IS.				
Menus (0340):					
Written one week in advance(1)(e)(i)					
Indicate the date, day of week, month, and year (1)(e)(ii)					
Include all food and snacks served that contribute to nutritional requirements (1)(e)(iii)					
Are kept at least six months (1)(e)(iv)      Provide veriety (1)(e)(ii)					
<ul> <li>Provide variety (1)(e)(ii)</li> <li>Are not repeated for at least three weeks, except breakfast as outlined in (1)(i)(vii)</li> </ul>					
Document on current day's menu and record on original menu when changes in current days menu are necessary					
(1)(h)					
If an alternate choice in entrees is served, alternate entrees must be recorded on the menu (1)(i)  NOTES					
NOTES					



ENHANCED SERVICES FACILITY NAME	LICENSE NUMBER ENTRANCE DATE
LICENSOR'S NAME	Inspection Type:  Full  Complaint: Number
E. Meals and Snacks: Observe meal plan	ning to meet resident's dietary needs
Meals and snacks (0430):	
Minimum of three meals provided (1)(a)     Specks between meals and in evening or	o provided at regular intervals (1)(b)
<ul><li>Snacks between meals and in evening ar</li><li>Provide access to fluids and snacks at all</li></ul>	
When person centered service plan indicate	ates, resident must have ability to select own snacks and beverages
without having to ask staff member for as	
<ul> <li>Provide sufficient time and staff support for Serve nourishing, palatable and attractive</li> </ul>	or residents to consume meals (1)(d) Bly presented meals for age, gender and activities (1)(g)
	rhen changes in current days menu are necessary (1)(h)
Delivered to resident's room or posted ex	
<ul> <li>Alternate choices for entrees are available</li> <li>Are nutritious, meets the residents' dietar</li> </ul>	
· ·	erature (if issues with food temperature and/or palatability, consider
obtaining a meal sample) (1)(e)(i)	
Meals and snacks served as ordered (0430):	
	iabetic and mechanical soft food diets according to a diet manual (2)(a)
	taff persons responsible for food preparation (2)(i)
Diet manual is approved by a dietitian (2)	
	necessary or at least every five years (2)(iii) plements when prescribed in writing by a health care practitioner (2)(b)
	ed modified / therapeutic diet and nutritional concentrates or supplements
(3)(a)(b) NOTES	
NOTES	



# AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) ENHANCED SERVICES FACILTY (ESF)

Attachment M

ENHANCED SERVICES FACILITY NAME		LICENSE NUMBER	ENTRANCE DATE		
LICENSOR'S NAME	Inspection Type:  Full  Cor	mnlaint: Number			
	mapection type tuil Col	inplaint. Number			
F. Dining Service: Observe mealtime dini	ng service				
<ul> <li>Residents who need assistance for eating manner</li> <li>Meals are distributed in a timely manner</li> <li>For each sampled resident being observe needs</li> <li>Tables adjusted to accommodate wheelched Residents prepared for meals, dentures, of Adoptive equipment is available per need</li> <li>Residents at the same table are served and accommodate wheelched residents at the same table are served and accommodate wheelched residents at the same table are served and accommodate wheelched residents.</li> </ul>	d, identify and special needs and int nairs glasses, and/or hearing aides are in nd assisted concurrently	erventions planned	J		
<ul> <li>Sufficient staff are available for the distribution of meals and assistance</li> <li>Sufficient time is allowed for residents to eat</li> <li>Sufficient dining space available in all dining areas (0430)(1)(k)</li> <li>Dining atmosphere is pleasant</li> <li>Family members are accommodated for dining with their resident</li> <li>Meals are provided as written on posted menu</li> <li>Meals provided in resident rooms are served promptly to ensure proper temperature</li> </ul>					
NOTES					