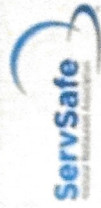


Certificate # 23278653

Issued 2/17/2023



ServSafe
CERTIFICATION

Name: LISA JOHNSON

Expires 2/17/2028





Pam Curtis, CEO

March 15, 2023

Re: Letter of Recommendation

To Whom It May Concern:

Senior Resources of West Michigan has been contracted with HomeStyle Direct for home delivered meals for over ten years. HomeStyle Direct has always delivered a quality product, been reliable and easy to work with and compliant with our contract requirements.

We've had an excellent experience partnering with HomeStyle Direct and would highly recommend them to any organization seeking the provision of high-quality home delivered meals.

Please don't hesitate to contact me with any additional questions regarding our positive experience with HomeStyle Direct at jblamer@seniorresourceswmi.org or 231-733-3524.

Sincerely,

A handwritten signature in black ink that reads 'Jenna Blamer'.

Jenna Blamer
Contracts Manager



To whom it may concern:

March 20, 2023

Reliance Community Care Partners, a MiChoice Medicaid Waiver Agent in Regions 8 and 14 in Michigan has been contracted with HomeStyle Direct for home delivered meals for the past ten years. HomeStyle Direct has consistently delivered a quality product with a variety of menu options available for those in need of special diets or needs. Any updates or changes are communicated on a regular basis. HomeStyle Direct is reliable and easy to work with. We've had an excellent experience partnering with HomeStyle Direct, look forward to our continued partnership with them and would highly recommend them to any organization looking to add a high-quality home delivered meal program. Please don't hesitate to contact me with any additional questions regarding HomeStyle Direct.

Sincerely,

Karla Wagner LBSW, MBA
Director of Contracts and Program Supports
Reliance Community Care Partners
Phone: (616) 954-1554

Allen Park
Belleville
Brownstown Twp.
Canton Twp.
Dearborn
Dearborn Hgts.
Ecorse
Flat Rock
Garden City
Gibraltar
Grosse Ile Twp.
Huron Twp.
Inkster
Lincoln Park
Livonia
Melvindale
Northville
Northville Twp.
Plymouth
Plymouth Twp.
Redford Twp.
River Rouge
Riverview
Rockwood
Romulus
Southgate
Sumpter Twp.
Taylor
Trenton
Van Buren Twp.
Wayne
Westland
Woodhaven
Wyandotte

March 24, 2023

To whom it may concern:

Homestyle Direct has been contracted to provide home delivered meals for The Senior Alliance since February 19, 2020 and continues to be in good standing with The Senior Alliance.

Regards,



Beth Wright
Contracts Manager
The Senior Alliance, Area Agency on Aging 1-C

[EXTERNAL SENDER]

An inspection was performed today for:

Permit #: 20-5210

Address: 2032 Highland Ave E

Inspection Type: Fire Final Inspection

Inspection Result: PASS

Inspector Comments: select comment_text from ca_task_comments_vw where ca_task_id=275034

Inspector: TIM may be contacted at tilauda @tfid.org

See the following link for information from the Twin Falls County Assessor's Office:

<https://link.edgepilot.com/s/4849e82e/lnlfWSd0V0aXPZrU8yzNrA?u=https://www.tfid.org/DocumentCenter/View/2577>

Don't forget to do our Customer Satisfaction survey at:

<https://link.edgepilot.com/s/d6f875d4/dLi6adMFYUOMCSiDF9KRfg?u=https://www.tfid.org/FormCenter/City-Administration-2/Customer-Satisfaction-Survey-40>

(You will need to cut & past the above links into your internet browser)

Do **NOT** respond to this email, this is just an outgoing email address only. Please respond directly to the inspector listed above if you have questions, comments or concerns.

Thank you,

City of Twin Falls

Building Department

Links contained in this email have been replaced. If you click on a link in the email above, the link will be analyzed for known threats. If a known threat is found, you will not be able to proceed to the destination. If suspicious content is detected, you will see a warning.



**South Central
Public Health District**

Prevent. Promote. Protect.

Permit

EST.#: FS-014139

HARKNESS ROCKET HOLDING LLC
2032 HIGHLAND AVE EAST
TWIN FALLS ID 83301
United States

THIS LICENSE IS NON-TRANSFERABLE AND IS THE PROPERTY OF THE ISSUING AGENCY AND MAY BE REVOKED FOR FAILURE TO MAINTAIN COMPLIANCE WITH THE APPLICABLE HEALTH REGULATIONS OR ANY APPLICABLE STATE AND LOCAL LAWS, ORDINANCES AND REGULATIONS THAT ARE REFERRED TO THEREIN.

IDAHO CODE 39-414 (2)

ISSUED TO: HARKNESS ROCKET HOLDING LLC

For the operations
of a: **PROCESSING**

d.b.a **HOMESTYLE DIRECT LLC**

**2032 HIGHLAND AVE EAST
TWIN FALLS ID 83301**

DATE ISSUED

01/01/2024

DATE EXPIRES

12/31/2024

Josh Jensen. Health Official

**Serving Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin
Falls County**

FOOD SAFETY INSPECTION REPORT					Page 1/4
Establishment HOMESTYLE DIRECT LLC	Permit# 3763	# Risk Factor Violations 0	# GRP Violations 0		
		# Repeat Risk Factor Violations 0	# Repeat GRP Violations 0		
		Total Score 0	Total Score 0		
Address 2032 HIGHLAND AVE EAST TWIN FALLS ID 83301		Follow-up Date 			
Type of Inspection Follow-up -		Inspection Time 37 min.	Travel Time 	EHS Brian Shiroma	Date 18-Dec-23
		Risk Category High			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.

Public health interventions are control measures to prevent foodborne illness or injury

Compliance Status	COS	R	Compliance Status	COS	R
-------------------	-----	---	-------------------	-----	---

Supervision (2-102)

- | | | | | | |
|--|----|--|--|--|--|
| <p>In 01 PIC present, demonstrates knowledge, and performs duties <input type="checkbox"/> <input type="checkbox"/></p> <p>In 02 Certified Food Protection Manager <input type="checkbox"/> <input type="checkbox"/></p> | In | <p>16 Food-contact surfaces: cleaned and sanitized <input type="checkbox"/> <input type="checkbox"/></p> <p>17 Proper disposition of returned, previously served, reconditioned, and unsafe food <input type="checkbox"/> <input type="checkbox"/></p> | | | |
|--|----|--|--|--|--|

Employee Health (2-102, 2-501)

- | | | | | | |
|--|--|---|--|--|--|
| <p>In 03 Management and food employee knowledge, and conditional employee; Knowledge, responsibility and reporting <input type="checkbox"/> <input type="checkbox"/></p> <p>In 04 Proper use of restrictions and exclusions <input type="checkbox"/> <input type="checkbox"/></p> <p>In 05 Clean-up of Vomiting and Diarrheal Events <input type="checkbox"/> <input type="checkbox"/></p> | | <p>N/O 18 Proper cooking time and temperatures <input type="checkbox"/> <input type="checkbox"/></p> <p>N/O 19 Proper reheating procedures for hot holding <input type="checkbox"/> <input type="checkbox"/></p> <p>In 20 Proper cooling time and temperatures <input type="checkbox"/> <input type="checkbox"/></p> <p>N/O 21 Proper hot holding temperatures <input type="checkbox"/> <input type="checkbox"/></p> <p>N/O 22 Proper cold holding temperatures <input type="checkbox"/> <input type="checkbox"/></p> <p>N/O 23 Proper date marking and disposition <input type="checkbox"/> <input type="checkbox"/></p> <p>N/A 24 Time as a Public Health Control: procedures and records <input type="checkbox"/> <input type="checkbox"/></p> | | | |
|--|--|---|--|--|--|

Good Hygienic Practices (2-401)

- | | | | | | |
|--|--|--|--|--|--|
| <p>In 06 Proper eating, tasting, drinking, or tobacco use <input type="checkbox"/> <input type="checkbox"/></p> <p>In 07 No discharge from eyes, nose, and mouth <input type="checkbox"/> <input type="checkbox"/></p> | | | | | |
|--|--|--|--|--|--|

Preventing Contamination by Hands (2-301, 3-301)

- | | | | | | |
|---|--|--|--|--|--|
| <p>N/O 08 Hands clean and properly washed <input type="checkbox"/> <input type="checkbox"/></p> <p>N/O 09 No bare hand contact with RTE foods or a pre-approved alternative procedure properly followed <input type="checkbox"/> <input type="checkbox"/></p> <p>In 10 Adequate handwashing sinks, properly supplied and accessible <input type="checkbox"/> <input type="checkbox"/></p> | | <p>In 25 Consumer advisory provided for raw or undercooked foods <input type="checkbox"/> <input type="checkbox"/></p> | | | |
|---|--|--|--|--|--|

Consumer Advisory (3-603)

Highly Susceptible Populations (3-801)

Food/Color Additives and Toxic Substances (3-302)

- | | | | | | |
|--|--|---|--|--|--|
| <p>In 11 Food obtained from approved source <input type="checkbox"/> <input type="checkbox"/></p> <p>N/O 12 Food received at proper temperature <input type="checkbox"/> <input type="checkbox"/></p> <p>In 13 Food in good condition, safe, and unadulterated <input type="checkbox"/> <input type="checkbox"/></p> <p>N/A 14 Required records available: shellstock tags, parasite destruction <input type="checkbox"/> <input type="checkbox"/></p> | | <p>N/A 27 Food additives: approved and properly used <input type="checkbox"/> <input type="checkbox"/></p> <p>In 28 Toxic substances properly identified, stored, and used; held for retail sale, properly Stored <input type="checkbox"/> <input type="checkbox"/></p> | | | |
|--|--|---|--|--|--|

Conformance with Approved Procedures (3-502)

- | | | | | | |
|--|--|--|--|--|--|
| <p>N/A 15 Food separated and protected <input type="checkbox"/> <input type="checkbox"/></p> | | <p>N/A 29 Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan <input type="checkbox"/> <input type="checkbox"/></p> | | | |
|--|--|--|--|--|--|

Protection from Contamination (3-302, 4)

- | | | | | | |
|--|--|--|--|--|--|
| <p>N/A 15 Food separated and protected <input type="checkbox"/> <input type="checkbox"/></p> | | | | | |
|--|--|--|--|--|--|

Promoting and Protecting your Health in Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties

Twin Falls	Heyburn	Jerome	Bellevue	Gooding
1020 Washington Street North Twin Falls, ID 83301 (208) 737-5900	485 22nd Street Heyburn, ID 83336 (208) 678-8221	951 East Avenue H Jerome, ID 83338 (208) 324-8838	117 East Ash Street Bellevue, ID 83313 (208) 788-4335	255 North Canyon Drive Gooding, ID 83330 (208) 934-4477

FOOD SAFETY INSPECTION REPORT

Page 2/4

Establishment HOMESTYLE DIRECT LLC	Permit# FS-014139	Date 18-Dec-23
OBSERVATIONS AND CORRECTIVE ACTIONS		

Item P /Pf/ C

Violations cited in this report must be corrected in the frames below as indicated.

Correction Date

FOOD SAFETY INSPECTION REPORT

Page 3/4

Establishment HOMESTYLE DIRECT LLC	Permit# FS-014139	Date 18-Dec-23
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GOOD RETAIL PRACTICES

IN = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

Compliance Status	COS	R	Compliance Status	COS	R
-------------------	-----	---	-------------------	-----	---

Safe Food and Water (3-302)

In 30 Pasteurized eggs used where required ☐ ☐

In 31 Water and ice from approved source ☐ ☐

N/A 32 Variance obtained for specialized processing methods ☐ ☐

Food Temperature Control (4-203)

In 33 Proper cooling methods used; adequate equipment for temperature control ☐ ☐

N/O 34 Plant food properly cooked for hot holding ☐ ☐

N/O 35 Approved thawing methods used ☐ ☐

In 36 Thermometers provided and accurate ☐ ☐

Food Identification (3-302)

In 37 Food properly labeled; original container ☐ ☐

Prevention of Food Contamination (6-501)

In 38 Insects, rodents, and animals not present ☐ ☐

In 39 Contamination prevented during food preparation, storage, and display ☐ ☐

In 40 Personal cleanliness ☐ ☐

In 41 Wiping cloths; properly used and stored ☐ ☐

In 42 Washing fruits & vegetables ☐ ☐

Proper Use of Utensils (3-304)

In 43 In-use utensils; properly stored ☐ ☐

In 44 Utensils, equipment & linens; properly stored, dried, & handled ☐ ☐

In 45 Single-use/single-service articles; properly stored, used ☐ ☐

In 46 Gloves used properly ☐ ☐

Utensils, Equipment and Vending (4-801)

In 47 Food and non-food-contact surfaces cleanable, properly designed, constructed and used ☐ ☐

In 48 Warewashing facilities, installed, maintained, used, test strips ☐ ☐

Physical Facilities (5-203, 5-501)

In 49 Non-food-contact surfaces clean ☐ ☐

In 50 Hot and cold water available; adequate pressure ☐ ☐

In 51 Plumbing installed; proper backflow devices ☐ ☐

In 52 Sewage and waste water properly disposed ☐ ☐

In 53 Toilet facilities; properly constructed, supplied, clean ☐ ☐

In 54 Garbage/refuse properly disposed; facilities maintained ☐ ☐

In 55 Physical facilities installed, maintained, and clean ☐ ☐

In 56 Adequate ventilation and lighting; designated areas used ☐ ☐

Promoting and Protecting your Health in Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties

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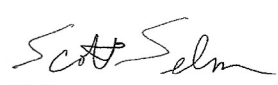
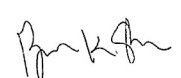
FOOD SAFETY INSPECTION REPORT

Page 4/4

Establishment HOMESTYLE DIRECT LLC	Permit# FS-014139	Date 18-Dec-23	
OBSERVATIONS AND CORRECTIVE ACTIONS			
Item	P /Pf/ C	Violations cited in this report must be corrected in the frames below as indicated.	Correction Date

TEMPERATURE OBSERVATIONS			
Item/Location	Temperature in Fahrenheit	Item/Location	Temperature in Fahrenheit
No Temperature Observed			
CLOSING COMMENTS			

HACCP plan being developed
All violations resolved

Person in Charge (Print Name):	Scott Selman	Date	18-Dec-23
Person in Charge (Signature):			
Inspector (Print Name):	Brian Shiroma, EHS	Follow-up	
Inspector (Signature):			

INSPECTION ADDITIONAL DETAILS
Additional Inspectors Present for Inspection: N/A