Followup Fee of \$50.00 after First Followup

## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

## City of Rockwall

Da <b>1</b>		22	2/2	24	Time in: 11:46	Time out: <b>1:05</b>		Sicense/Pe			15				2 CPFM	Food handlers  O	Page 1	of <u>2</u>
Pu	ırpo	se o	f Ins	spec	tion: 1-Routine	2-Follow U <sub>J</sub>	р 3	-Complai	int	4	-Inv		ation	1 [	5-CO/Construction	6-Other	TOTAL/S	CORE
Vil		e G	ìree	en N	ne: Memory Care			t/Owner N <b>Prater</b>	Vame	:					Number of Repeat Viola  Number of Violations C	OS:	19/8	1 /D
Ph 119	ysic 2 T	al A L To	ddre wns	ess: end	Dr Rockwall, TX	Etho	st control os 10/2/24	1		H N/a	ood		Gı N/a		e trap :/ waste oil	Follow-up: Yes ✓ No ☐	19/0	1/0
Ma					<b>Out</b> = not in copoints in the <b>OUT</b> box for	ompliance IN = in compliance reach numbered ite	compliance em	NO Mark '		ot obsecheckr					plicable COS = corrected on s x for IN, NO, NA, COS Mar	site $\mathbf{R}$ = repeat violate $\mathbf{R}$ in appropriate	lation e box <b>W</b> r= <b>R</b> V/	atch
Co	mpli	ance	Sta	tus	Prio	rity Items (3 l	Points) 1	violations	Requ		<i>mme</i> Comp				ve Action not to exceed 3 day			
O U T	I N	N O	N A	C O S		nperature for Fo egrees Fahrenheit		,	R	1	) I J N	N	N A	C O S	Emple	oyee Health		R
		~		٥	1. Proper cooling time a No leftovers	•	,			Ī	~				12. Management, food employ knowledge, responsibilities, ar		employees;	
	~				2. Proper Cold Holding <b>See</b>	temperature(41°	°F/ 45°F)				~	,			13. Proper use of restriction ar eyes, nose, and mouth State hand wash post		charge from	
		~			3. Proper Hot Holding t	temperature(135°	°F)									ntamination by Han	ds	
	/				4. Proper cooking time	and temperature					/				14. Hands cleaned and proper	ly washed/ Gloves u	sed properly	
		/			5. Proper reheating prod Hours)	cedure for hot hol	lding (165	5°F in 2			/				15. No bare hand contact with alternate method properly followes			)
	/				6. Time as a Public Hea	alth Control; proc	cedures &	records							٠.	eptible Populations		
					Ap	proved Source					~				16. Pasteurized foods used; pro Pasteurized eggs used when re Shell eggs only		ered	
3		7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Walmart, dented can					ood in			Chemicals								
	~				8. Food Received at pro Checking	oper temperature					/				17. Food additives; approved a & Vegetables Water	and properly stored;	Washing Fru	its
						n from Contamin					/				18. Toxic substances properly	identified, stored and	d used	
3				/	9. Food Separated & propreparation, storage, dis	splay, and tasting	g		*							r/ Plumbing		
	~				10. Food contact surfact Sanitized at _200_	ppm/temperature	e				/				19. Water from approved sour backflow device City approved	-	• •	
	~				11. Proper disposition of reconditioned No re	of returned, previo <b>eturns</b>	ously serv	ed or			/				20. Approved Sewage/Wastew disposal	vater Disposal Syster	n, proper	
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0	т	NT	NT.	- C	111	ority Foundai	tion Iter	ns (2 Po							rective Action within 10 days	1		l D
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## Retail Food Establishment Inspection Report

## City of Rockwall

Received by: Jaquana Collier	Print: Jaquana Collier	Title: Person In Charge/ Owner
Inspected by: Richard Hill (signature)	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

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	ment Name: e Green Memory Care	Physical A	ddress: 「L Townsend Dr	City/State: Rockwal	I Tv	License/Permit # FS-0001215	Page <u>1</u> of <u>2</u>				
Village	e dieen Memory Care	1192	TEMPERATURE OBSERVA		II, IA	10-0001213					
Item/Loc	ation	Temp	Item/Location	Temp	Item/Loca	tion	Temp				
Reach	Freezer amb	10.1	Chicken jambalay	a 202							
Ref	rigerator amb	38									
	Milk	40									
	Butter	40									
S	Sour cream	39									
N	leat in sink	68									
E	Enchiladas	40									
Re	efried beans	75									
T4 -			SERVATIONS AND CORRECT								
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temperatures are taken in F										
46	Restroom clean, no paper towels, temp greater 101										
	Hand sink equipped, to										
	3comp sink not set up		<u> </u>								
33			test dots onsite, will hand			•					
32			t smooth. Either sand or re								
37/9		•	d back wall interior freeze	r, need to	defrost, r	nust protect food a	s well				
42	Ovens are dirty, time t										
42	· ·		umbs on shelves and drav		moot dur	ing inon					
9/30003	Observed meat thawing at room temp, internal temp 68, discarded meat during insp.  Thawing meats according to FDA in desire order: 1.Refrigeration, 2. Under cold running water, 3. Cooking & 4. Defrost in microwave										
	Enchiladas and refried beans observed in the prepping stage for dinner										
	Using red digital thermo onsite										
	•		eated to manufacturer inst								
			rambled, hard boiled or fri	ed fully sin	ice servi	ng to population ov	/er 65				
29	No quat test strips ons										
44	pest and/or rodents	terns disc	carded around dumpster e	riciosure, (	ciean are	ea to prevent attrac	uon ot				
	'	mon ho	ad to drip dry over mop sir	nk							
10cos		•	in dry storage, discarded		ection						
10003	Observed defiled carr	or pears	in ary storage, discarded t	aumg mop	COLIOIT						
Received (signature)		 ⁄e	See ab	ove		Title: Person In Charge/ (	)wner				
Inspected (signature)	1 Jy:\	C7	Print: Richard	- Ч Н:III							
Form FH-06	(Revised 09-2015)	_إد_	(   Tilonal	<u> </u>		Samples: Y N # 0	collected				