	Followup fee of														
\$50.00 after Retail Food Establishment Inspection Report First aid kit First Followup Allergy policy															
Vomit clean up															
City of Rockwall Employee health Date: Time in: Time out: License/Permit # CPFM Food handlers															
Date: Time in: Time out: License/Per 12/20/24 12:16 1:19 FS-89												$\begin{array}{c c} CPFM & Food handlers \\ 2 & 2 & Page \underline{1} & of \underline{2} \end{array}$	<u> </u>		
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai												E			
Establishment Name: Contact/Owner N Lakeshore Assisted Living Entire Griffin							:					Number of Repeat Violations: Number of Violations COS:			
Pł	Physical Address: Pest control : 5250 Medical Dr Rockwall, Tx ABC Pest 11/27/23									ood ericar	n 8/8/24		trap :/ waste oil Follow-up: Yes ✓ 12/88/	3	
		Com	plia	ice S	tatus: Out = not in con	$\frac{\mathbf{IN} = \text{in compliance}}{\mathbf{IN} = \text{in compliance}}$	ance N	$\mathbf{O} = \mathbf{n}\mathbf{O}$						pplicable $COS = corrected on site R = repeat violation W = Watch$	h
Mark the appropriate points in the OUT box for each numbered item Mark '\' a checkmark in appropriate box for IN, NO, NA, COS Mark an X in appropriate box for R Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days															
Compliance Status Time and Temperature for Food Safety 0 I N N C U N O A O						R		DI		e Sta N A	atus C O	Employee Health	R		
Ť		Ŭ		š						r	, ,		š	12. Management, food employees and conditional employees;	_
	~							V	knowledge, responsibilities, and reporting						
	~				2. Proper Cold Holding See		V	N				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth			
	~				3. Proper Hot Holding t See					<u> </u>	Will email employee health form Preventing Contamination by Hands				
	-	~			4. Proper cooking time			V	/		1	14. Hands cleaned and properly washed/ Gloves used properly	_		
		~			5. Proper reheating proc Hours)	165°F in 2			~	/		1	15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)		
	. /	•			6. Time as a Public Hea							Gloves & utensils	_		
													Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered		
	Approved Source								V				Pasteurized eggs used when required N/a		
3				~	7. Food and ice obtained good condition, safe, an destruction Ben E							Chemicals			
	~				8. Food Received at pro Checking	oper temperature				v	/			17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
-					Protection			v	/	Water 18. Toxic substances properly identified, stored and used					
	~				9. Food Separated & pro preparation, storage, dis			<u> </u>		<u> </u>		Water/ Plumbing			
	~				10. Food contact surface Sanitized at 200		3	3				 Water from approved source; Plumbing installed; proper backflow device 			
	~		11. Proper disposition of returned, previously served or reconditioned Discard						Leaking drain @ hand sink					Leaking drain @ hand sink 20. Approved Sewage/Wastewater Disposal System, proper disposal	
	Priority Foundation Items (2 Poi							oints)	viola	ution	ns Reg	quire	e Coi	rrective Action within 10 days	
O U T	I N N C N O A O Demonstration of Knowledge/ Personnel S					R	([]			N A		Food Temperature Control/ Identification	R		
	~			5	21. Person in charge pre and perform duties/ Cer 2			V	/			27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature			
	~	22. Food Handler/ no unauthorized persons/ personnel					2	2			~	28. Proper Date Marking and disposition Missing date labels			
					Safe Water, Recordkeeping and Food Package Labeling					v				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Digital thermo, stripes current	
~					23. Hot and Cold Water available; adequate pressure, safe 118, Good pressure								1	Permit Requirement, Prerequisite for Operation	
	~			24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled Commercial label						r	-			30. Food Establishment Permit/Inspection Current/ insp posted Posted and current	
					Conformance v 25. Compliance with Va	vith Approved Proced ariance, Specialized Pro								Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly	
	~				HACCP plan; Variance processing methods; ma Temps taken	obtained for specialize anufacturer instructions 3x daily	d			v				Equipped	
					Cons	sumer Advisory			2					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
	~				26. Posting of Consume foods (Disclosure/Remi Ingredients upon red	inder/Buffet Plate)/ Alle				v	/			Cutting boards 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided dishwasher confirmed 100ppm	
					<u> </u>	•	e Corrective							tys or Next Inspection , Whichever Comes First	
O U T	I N	N O	N A	C O S	Prevention	of Food Contaminatio	n	R	(1 1	D I U N T		N A	C O S	Food Identification	R
	~				34. No Evidence of Inse animals					V	/			41.Original container labeling (Bulk Food)	
	~				35. Personal Cleanlines		bacco use	\square		-				Physical Facilities	
	くく				36. Wiping Cloths; prop Stored in solut 37. Environmental cont	ion 200ppm			1	V				42. Non-Food Contact surfaces clean43. Adequate ventilation and lighting; designated areas used	
	~	╡			38. Approved thawing r Refrigerator and	nethod Cold runnina w	ater	$\left \right $		V	/			44. Garbage and Refuse properly disposed; facilities maintained	
		1				er Use of Utensils			1	1				45. Physical facilities installed, maintained, and clean	
	~				39. Utensils, equipment dried, & handled/ In us					v	/			46. Toilet Facilities; properly constructed, supplied, and clean	
-	40. Single-service & single-use articles; properly stored and used						+		~	,	47. Other Violations				
L															

Retail Food Establishment Inspection Report

City of Rockwall

Received by:	Print:	Title: Person In Charge/ Owner
(signature) Rhonda Harrison	Rhonda Harrison	Kitchen Director
Inspected by: (signature) Richard Hill	Print: Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name: hore Assisted Living	Physical A 5250	ledical Dr	City/State: Rockwall	, Tx	License/Permit # Page 2.0		<u>2</u> of <u>2</u>				
Item/Loc	ation	Тетр	TEMPERATURE OBSERVA	ATIONS Temp	Item/Locs	tem/Location Te						
	ezer #3	-				non		Temp				
		7	Steam table									
Resid	ential comboFreezer	18	Chicken	138								
Reside	ential combo Refrigera	41	Spinach	162								
	UP Freezer #1	14	Rice	178								
U	P Fridge #2 amb	41	Cream&corn soup	183								
Bu	tter/slice cheddar	40/41										
U	P Fridge #1 amb	40										
На	lf½/whole tom	40/39										
OBSERVATIONS AND CORRECTIVE ACTIONS												
Item Number	Item 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											
	Restrooms equipped greater than											
	Hand sinks equipped greater than 110											
	3comp sink 118, quat											
	Dishwasher confirmed		1									
42	Minor cleaning in bott											
			torage, removed for cred									
			nent outside, underneath	•			ll unde	er hood				
32		-	address by either sanding	g or replaci	ng all bo	bards						
	Cleaning coffee, tea nozzles daily											
28C0S	Cos Observed open food items with no date label, discarded fried chicken during inspection											
45	Ice machine looks great inside, air gap confirmed on condensation line5Detail cleaning underneath dry storage shelves											
45 32/45			op sink, to repair to meet	waterproof	and do	anable finish						
52/45			ge/freezer combo, when u				d com	norcial				
	equipment							noroiai				
		nsite stri	os are current									
19	 Using digital thermo onsite, strips are current Hand sink in dishwasher room, observed leaking drain pipe, need to repair 											
		,			<u> </u>							
Received (signature)	See abov	'e	See ab	ove		Title: Person In Charg	ge/ Owner					
Inspected (signature)		ST										
Form EH-06	(Revised 09-2015)	04				Samples: Y N	# collecte	ed				