

Retail Food Establishment Inspection Report

- First aid kit
- Allergy policy
- Vomit clean up
- Employee health

Date: 1/30/2025	Time in: 3:00	Time out: 4:00	License/Permit # need to post current	Est. Type	Risk Category	Page <u>1</u> of <u>2</u>
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Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other							TOTAL/SCORE
Establishment Name: Rockwall Nursing Care Center			Contact/Owner Name:		* Number of Repeat Violations: _____		9/91/A
					✓ Number of Violations COS: _____		

Physical Address: 206 Storrs St Rockwall, TX	Pest control : to provide	Hood <small>GL Kitchen/10-7-2024</small>	Grease trap : city has info	Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W- Watch
 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						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
	✓						✓				
	✓						✓				
	✓					Preventing Contamination by Hands					
		✓					✓				
		✓					✓				
		✓				Highly Susceptible Populations					
Approved Source							✓				
	✓					Chemicals					
	✓						✓				
Protection from Contamination							✓				
	✓					Water/ Plumbing					
3				✓		3					
	✓					W					

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
	✓						✓				
	✓						✓				
Safe Water, Recordkeeping and Food Package Labeling							✓				
	✓					Permit Requirement, Prerequisite for Operation					
	✓					W					
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
	✓					W					
Consumer Advisory							✓				
	✓						✓				

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Prevention of Food Contamination						Food Identification					
	✓						✓				
	✓					Physical Facilities					
1						1					
	✓						✓				
	✓						✓				
Proper Use of Utensils						1					
	✓						✓				
	✓						✓				

Received by: (signature) <i>Donald Cornelius</i>	Print: Donald Cornelius	Title: Person In Charge/ Owner Manager
Inspected by: (signature) <i>Christy Cortez, RS</i>	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Rockwall Nursing Care Center	Physical Address: 206 Storrs St	City/State: Rockwall, TX	License/Permit # need to post current	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
slef serve milk dispenser	35	reach in freezer	2		
on stove/cooked broccoli	170	reach in freezer	8		
precooked hamburger patties	141	white freezer	10		
2 door cooler/raw chicken	41				
raw chicken	41				
3 door cooler/tomatoes	41				
broccoli salad	41				
3 door cooler/shredded cheese	41				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
	Warewash hand sink 139F equipped
19	Hand sink very slow draining and leaking under/need to repair
	Will need to use other hand sink until repaired
36	Need to store wiping in sani buckets or in container designated for dirty rags/not in dish pit area
	3 comp sink dispenser at 200ppm quats
	Quat and chlorine test strips current
42	Need to clean fan guards on fan over clean dishes
	Nozzles on milk bags are discarded at every change of bag
	Cereal dispensers (twist per serving), non TCS
	Creamer dispensers for powered creamers
	Sugar in individual packets
	Prep hand sink 102.
	Will need soap and paper towels for this sink to be used as a hand sink until other is repaired
10	Need sanitizer bucket setup during prep and service
45	Need to clean air return vent over door to dining room
	Dented cans have been pulled and set aside for return
45	To clean air vent in dry storage/replace as is moldy
W	Cannot dump mop water outside back door/must use approved drain
	Menus posted on bulletin outside kitchen
	Allergy policy on file per client
	Only using pasteurized eggs
	Digital thermo
	Gloves used for all prep/RTE
45	Various maintenance needed to floors, baseboards, walls throughout

Received by: (signature) <i>Donald Cornelius</i>	Print: Donald Cornelius	Title: Person In Charge/ Owner Manager
Inspected by: (signature) <i>Christy Cortez, RS</i>	Print: Christy Cortez, RS	Samples: Y N # collected

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