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

Estab Lake Physi	12/11/23						S-89	972					<b>2</b>	Food handlers 4	Page <u>1</u> of <u>2</u>	2	
Lake	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai Establishment Name: Contact/Owner N							4-Investigation				5-CO/Construction	6-Other				
Physi <b>525</b> (	Lakeshore Assisted Living Jenni Knutso													Number of Repeat Violations: Number of Violations COS:		10/90/	Λ.
	Physical Address: 5250 Medical Dr Rockwall, Tx  Pest control: ABC Pest 11/27/23					7/23		Hood Grease American 8/2023 LES 11/					ap : waste on			A	
									ot observed NA = not applicable COS = corrected on site R = repeat viole checkmark in appropriate box for IN, NO, NA, COS Mark an in appropriate						e hox for R	ch	
									iire In	nmed	liate	Corr	recti	ive Action not to exceed 3 day		C BOX 101 K	,
Compliance Status  O I N N C Time and Temperature for Food Safety U N O A O  Time and Temperature for Food Safety					R	O		iance N O	Stat N A	C O	c i						
U N O A O S (F = degrees Fahrenheit)  1. Proper cooling time and temperature							Т				S	12. Management, food employ	yees and conditional	employees;			
•										~				knowledge, responsibilities, a			
3				2. Proper Cold Holding See	temperature(41°	°F/ 45°F)				~				13. Proper use of restriction are eyes, nose, and mouth	nd exclusion; No disc	charge from	
V	1			3. Proper Hot Holding t See	emperature(135°	°F)								Preventing Cor	ntamination by Han	ıds	
	~	•		4. Proper cooking time	and temperature					~				14. Hands cleaned and proper	rly washed/ Gloves u	ised properly	
	~	,		5. Proper reheating prod Hours)	cedure for hot ho	olding (165°F	7 in 2			/				15. No bare hand contact with alternate method properly foll	ready to eat foods o owed (APPROVED	r approved YN)	
<i>-</i>				6. Time as a Public Hea	alth Control; prod	cedures & re	ecords							Gloves available  Highly Susce	eptible Populations		
				A	- Louis Louis									16. Pasteurized foods used; pr	rohibited food not off	fered	
				7. Food and ice obtaine	d from approved	Leource: Foo	d in			•				Pasteurized eggs used when re N/a	equired		
-				good condition, safe, ar destruction Ben E	nd unadulterated;		u III							C	hemicals		
				8. Food Received at pro	/									17. Food additives; approved	and properly stored;	Washing Fruits	
				Checking						•				& Vegetables Water  18. Toxic substances properly	:dantified atoms don	44	
		1	1	Protection  9. Food Separated & pr	of from Contamin		od			<b>'</b>				18. Toxic substances properly	identified, stored an	u used	
<b>&gt;</b>				preparation, storage, dis	splay, and tasting	g									r/ Plumbing		
				10. Food contact surfact Sanitized at 200	es and Returnabl ppm/temperature	les ; Cleaned e	and			~			ı	19. Water from approved source; Plumbing installed; probackflow device  City approved			
~	11. Proper disposition of returned, previously served or											D: 10	m. proper				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•						Or			~				<ol> <li>Approved Sewage/Wastev disposal</li> </ol>	vater Disposal Systei	, FF	
\(\cdot\)				reconditioned Disca	ard immed	diately		nts)	violai	Ľ	Rea	uire	Cor	disposal		, ۲ ۲	
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## Retail Food Establishment Inspection Report

## City of Rockwall

Received by: (signature) Dwayne Buggs	Print: Dwayne Buggs	Title: Person In Charge/ Owner MOD
Inspected by: Richard Hill	Print:Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name:	Physical A		City/State:		License/Permit #	Page <u>2</u> of <u>7</u>			
Lakeshore Assisted Living		5250 l	Medical Dr	Rockwall	, Tx	FS-8972				
Itam/Laa	nation	Temp	TEMPERATURE OBSERV	ATIONS Temp	Itom/Loo	ation	Tom			
Ttem/Location UP Freezer #3  Freezer  Refrigerator  UP Freezer #1		7	Whole tomatoe	39	Potato Soup		Temp 17			
		24	Whipcream	45						
		40	HWC	44						
		12	Turkey/gravy	138						
U	UP Fridge #2 amb  Butter/slice cheddar  UP Fridge #1 amb		Potatos	158						
Bu			Oatmeal	177						
U			White gravy	180						
	Milk/ half & half	44/44	Squash CORRECT	189	IG					
Item	AN INSPECTION OF YOUR ES	_	SERVATIONS AND CORRECT ENT HAS BEEN MADE, YOUR ATTE			THE CONDITIONS ORSE	RVED AND			
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									
	Restrooms equipped	greater	than 105							
	Hand sinks equipped greater than 104									
	3comp sink 122 quat sani 200ppm									
	Dishwasher confirmed at 100ppm									
32	Paint peeling on doors to kitchen, need to clean and repaint for cleanable surface									
45	Fill holes were needed in FRP at dish area									
				r in dishwa	sher ar	ea				
31 Need to reattach hand sink and paper towel dispenser in dishwasher area 40 Disposable food trays stored with chemicals, need to be separated										
45	Minor detail cleaning under shelves in dry storage									
34/45	Rear service door paint peeling, clean and repaint for cleanable surface  Rear service door small gap at bottom corner of door									
43	3.4 to 1.5 to 3.4 to 1.5 to 1.									
42	Replace burn out light bulb in white refrigerator									
42	Minor cleaning microwave inside									
	Clean tea urn nozzles every day									
2	Ice machine hopper looks excellent									
	All tcs foods in fridge #1 will be discarded within 4hours due to improper temp storage									
32	Steam table cutting board time to sand, scape or replace									
	Dumpster area looks great, clean and well keep									
Received (signature)		/e	See ab	ove		Title: Person In Charg	e/ Owner			
Inspected (signature)	d by:	<u>a</u>	> Richar							
	K IM	M		u IIII		Samples: Y N	# collected			