Retail Food Establishment Inspection Report First aid kit Allergy policy Vomit clean up 																	
Date: Time in: Time out: License/Permit 6/28/2024 3:15 5:00 FS-925								,					Est. Type Risk Category Page 1 of 2) 			
Purpose of Inspection: 🗸 1-Routine 📃 2-Follow Up 📃 3-Complaint								-	Inve	stiga	atio	n	5-CO/Construction 6-Other TOTAL/SCOR	E			
Establishment Name: Contact/Owner Nam Rock Ridge Assisted Living & Memory Care							e:						 * Number of Repeat Violations: ✓ Number of Violations COS: 	^			
Physical Address: Pest control : 720 E Ralph Hall Rockwall, TX Terminix/6-28-2024							F	Hoo		-2024			tained of Holdings COU 10/90//	4			
Compliance Status: Out = not in compliance IN = in compliance NO						$\mathbf{O} = \mathbf{I}$	not o	bserv	ved	N	4 = n	iot ap	pplicable $COS = corrected on site R = repeat violation W- Watch$	ı			
Ma	rk tl	ne ap	prop	riate	points in the OUT box for each numbered item Mark Priority Items (3 Points) violation						-		ox for IN, NO, NA, COS Mark an X in appropriate box for R tive Action not to exceed 3 days				
Compliance Status								*	ompli					R			
U T	N	0	A	O S	Time and Temperature for Food Safety (F = degrees Fahrenheit)			U T	N	0	Α	O S	Employee Health				
	~				1. Proper cooling time and temperature				~				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting				
					2. Proper Cold Holding temperature(41°F/ 45°F)								13. Proper use of restriction and exclusion; No discharge from				
	~								~				eyes, nose, and mouth				
		~			3. Proper Hot Holding temperature(135°F)		_					1	Preventing Contamination by Hands				
		4. Proper cooking time and temperature				-		~	1			14. Hands cleaned and properly washed/ Gloves used properly GIOVES USED 15. No bare hand contact with ready to eat foods or approved					
		5. Proper reheating procedure for hot holding (165°F in 2 Hours)							~				alternate method properly followed (APPROVED Y. N)				
-	Image: Constraint of the state of												Highly Susceptible Populations				
									~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required				
					Approved Source 7. Food and ice obtained from approved source; Food in								eggs cooked				
3				•	good condition, safe, and unadulterated; parasite destruction US Food								Chemicals				
	~				8. Food Received at proper temperature				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables				
					Protection from Contamination			3					18. Toxic substances properly identified, stored and used				
	9. Food Separated & protected, prevented during food											Water/ Plumbing					
				preparation, storage, display, and tasting 10. Food contact surfaces and Returnables ; Cleaned and								19. Water from approved source; Plumbing installed; proper					
W					Sanitized at ppm/temperature			W					backflow device part ordered for 3 comp sink				
	~	11. Proper disposition of returned, previously served or reconditioned discarded						~				20. Approved Sewage/Wastewater Disposal System, proper disposal					
0	T	N	N	С	Priority Foundation Items (2 Po	oints R		olati 0	ions I	Req N	uire N	Con	rective Action within 10 days	R			
Ŭ T	Ň	Ö	A	o s	Demonstration of Knowledge/ Personnel							Ö S	Food Temperature Control/ Identification				
	~				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted 1				~				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature28. Proper Date Marking and disposition				
	~	22. Food Handler/ no unauthorized persons/ personnel				2											
	Safe Water, Recordkeeping and Food Package Labeling						~				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips digital						
	~										Permit Requirement, Prerequisite for Operation						
	~		24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled						~				30. Food Establishment Permit (Current/insp report sign posted) 12/31/2024				
	~				25. Compliance with Approved Procedures 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	n; Variance obtained for specialized suppl		Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly supplied, used									
					Consumer Advisory				~				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used				
	~				26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label all meats to required temps			W					33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided				
0	I	N	N	С	Core Items (1 Point) Violations Require Corrective	e Act R		0	O I N		N C			R			
U T	N	0	A	0 S	Prevention of Food Contamination		4	U T	N	0	A	0 S	Food Identification				
1					34. No Evidence of Insect contamination, rodent/other animals		4		~			L	41.Original container labeling (Bulk Food)	_			
W				~	35. Personal Cleanliness/eating, drinking or tobacco use		4						Physical Facilities				
	~				36. Wiping Cloths; properly used and stored	_		1					42. Non-Food Contact surfaces clean				
	•				37. Environmental contamination	_			~				43. Adequate ventilation and lighting; designated areas used				
	•	38. Approved thawing method					~				44. Garbage and Refuse properly disposed; facilities maintained						
		Proper Use of Utensils			ļ		~				45. Physical facilities installed, maintained, and clean						
<u> </u>	~				 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used 40. Single-service & single-use articles; properly stored 				~				46. Toilet Facilities; properly constructed, supplied, and clean47. Other Violations				
	~				40. Single-service & single-use articles; properly stored and used				~								

1st followup is free. Any additional followups will result in a \$50 fee. Retail Food Establishment Inspection Report

Received by: (signature) Danna Hadley	Print: Danna Hadley	Title: Person In Charge/ Owner Manager
Inspected by: (signature) Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Rock Ridge Assisted Living & Memory Care	Physical A 720 E	^{ddress:} Ralph Hall	City/State: Rockwa	all, TX	License/Permit # Page 2 of _ FS-9257						
Item/L cention	Tomp F	TEMPERATURE OBSERV		Itom/I	tion	Tarra F					
Item/Location	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp F					
3 door cooler/tomatoes	41										
strawberries for reference	41										
sour cream	41										
cheese	41										
reach in cooler/milk	41										
3 door freezer	2										
3 door freezer	-10										
	OB	SERVATIONS AND CORRECT	TIVE ACTION	NS							
Item AN INSPECTION OF YOUR ES Number NOTED BELOW:	TABLISHME	NT HAS BEEN MADE. YOUR ATTE	NTION IS DIRE	CTED TO TH	HE CONDITIONS OBSE	RVED AND					
Popcorn/ self serve	Popcorn/ self serve or served by employees/cleaned nightly										
	Bistro hand sink 100F equipped										
	Self serve coffee and water in closed containers										
		ugar, individually pack			ble						
		sh everything on table		n meai							
	Will need to protect tables, utensils during non eating timeEach client has a allergy record on file										
3 comp sink 110F	Menus posted on bulletin board										
	ng/no w	ay to fill 3rd sink/part o	rdered/w	ill check	at followup						
Warewash hand sir					•						
Dishwasher sanitizi	ng at 10	Oppm chlorine									
Prep hand sink 109											
		ods once opened/to dis	scard at d	lay 7							
42 Some minor cleanin	•										
		ne way over 400ppm/0)0ppm							
	•	s for entire sink per on tabs for sanitizer bucket			incorroctly at 2	comp					
				mising	incorrectly at 5	comp					
	Nee to watch for dented cans/removed several/not for use Discussed cooling down temps/right now they don't have leftovers										
¥		nd separate, package									
34 1 fly											
Gloves used for all	Gloves used for all prep and RTE										
Received by:		Print:			Title: Person In Charg						
(signature) Danna Hadley (signature) (signature) Christy Cor		Danna	Had	ey	Manage	r					
Inspected by: (signature) Charity Con-	tor	Print: Christy (ortoz	PC							
Form EH-06 (Revised 09-2015)	iez, 1	RS Christy C		NO	Samples: Y N	# collected					