Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 7/25/2022		22	Time in:	Time out: 4:10			ense/Permit #						Est. Type Risk Category	2			
7/25/2022 Purpose of Inspec					tion: 1-Routine	2-Follow U			S-8268 -Complaint 4-Investigation					1	High Page 1 of -	RE	
Establishment Name: Contact/Owner Name Rockwall Nursing Care Center										* Num					* Number of Repeat Violations: ✓ Number of Violations COS:		
Physical Address: Pest control: 206 Storrs Rockwall, TX w/building								Hood Grease trap						Д			
Mark					tatus: Out = not in co	ппрпапсе	n complian	111) = not o			NA appr	A = n	ot ap	oplicable COS = corrected on site R = repeat violation W- Wate ox for IN, NO, NA, COS Mark an in appropriate box for R	ch	
	Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days																
Compliance Status							R	Compliance Status						R			
Т	1. Proper cooling time and temperature							Т	_			S	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting				
H					2. Proper Cold Holding temperature(41°F/ 45°F)										13. Proper use of restriction and exclusion; No discharge from	_	
'									~				eyes, nose, and mouth				
V	-				3. Proper Hot Holding t4. Proper cooking time								Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly				
-	4				5. Proper reheating pro-	•		65°F in 2			~	gloves used 15. No bare hand contact with ready to eat foods or approved	-				
	•	/			Hours)					alternate method properly followed (APPROVED Y							
<u> </u>	1				6. Time as a Public Hea	alth Control; pro	ocedures	& records					Highly Susceptible Populations				
					Ap	proved Source					~	16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required eggs cooked					
	7. Food and ice obtained from approved source; Fo good condition, safe, and unadulterated; parasite											Chemicals					
Ľ	destruction Sysco																
	4				8. Food Received at pro		e				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water only		
	Protection from Contamination					3					18. Toxic substances properly identified, stored and used	-					
	1				Food Separated & protected, prevented during food preparation, storage, display, and tasting								Water/ Plumbing				
					10. Food contact surfaces and Returnables; Cleaned and Sanitized at 200 ppm/temperature					19. Water from approved source; Plumbing installed; pr backflow device					19. Water from approved source; Plumbing installed; proper backflow device		
					11. Proper disposition of returned, previously served or reconditioned						./				20. Approved Sewage/Wastewater Disposal System, proper disposal	-	
						ority Founds	ation It	ems (2 Po	ints) v	iolat	ions	Roa	uire	Cor	rrective Action within 10 days		
O I		N O	N A	C O		of Knowledge			R	O U		N O	N A	C O	· · · · · · · · · · · · · · · · · · ·	R	
T				S	21. Person in charge pr and perform duties/ Ce					Т	/			S	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature		
v	22. Food Handler/ no unauthorized persons/ personnel					2 28. Proper Date Marking and disposition					•	-					
	Safe Water, Recordkeeping and Food Packa Labeling			ckage		29. Thermometers provided, accurate, and calibrate Thermal test strips						T					
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	23 Hot and Cold Water available: adequate pressure		ssure, safe							digital Permit Requirement, Prerequisite for Operation							
	1				24. Required records av destruction); Packaged		ock tags;	parasite			~				30. Food Establishment Permit (Current/insp report sign p 12/31/2022		
					Conformance v 25. Compliance with V										Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly		
	4				HACCP plan; Variance processing methods; ma	obtained for sp	ecialized			2					supplied, used		
					Cons	sumer Advisor	у			W					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	+	
	1				26. Posting of Consume foods (Disclosure/Rem						~				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided	+	
		N [27	a l	Core Items (1 Poir	nt) Violations	Require	Corrective							tys or Next Inspection , Whichever Comes First		
O I U I T		N O	N A	C O S		of Food Contai			R	O U T	I N	N O	N A	C O S	Food Identification	R	
١.	4				34. No Evidence of Instantials						~				41.Original container labeling (Bulk Food)		
V	1				35. Personal Cleanlines36. Wiping Cloths; pro			icco use							Physical Facilities 42. Non-Food Contact surfaces clean		
					36. Wiping Cloths; pro		sioied			1					42. Non-Food Contact surfaces clean 43. Adequate ventilation and lighting; designated areas used	-	
-	+	-			38. Approved thawing						-				Adequate ventration and righting, designated areas used 44. Garbage and Refuse properly disposed; facilities maintained	-	
•							ila .			4	~				45. Physical facilities installed, maintained, and clean	-	
					39. Utensils, equipment dried, & handled/ In us		erly used			H	~				46. Toilet Facilities; properly constructed, supplied, and clean	+	
Ľ							and used									1	
,					40. Single-service & sin and used	ngle-use articles	; properly	y stored			1				47. Other Violations		

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

Form EH-06 (Revised 09-2015)

	ment Name: vall Nursing Care Center	Physical A	Storrs	City/State:	all, TX	License/Permit # FS-8268	Page <u>2</u> of <u>2</u>					
Item/Loc	eation	Temp F	TEMPERATURE OBSERVA	Temp F	Item/Loca	tion	Temp 1					
	· 3/sausage	41	storage 2 door freezer ambien		Tem Loca	1011	Temp					
000101		41	white freezer ambien	<u> </u>								
coole	gravy er 2/cut leafy greens	41	Willia Hoozar ambien	- 1								
	oler 3/cheese	40										
	or freezer/ambient	17										
	m wells/veggies	141										
Siea												
	rice	180										
	pork	181	 	IVE ACTIO	NS							
Item Number	AN INSPECTION OF YOUR ES		ENT HAS BEEN MADE. YOUR ATTEN			HE CONDITIONS OB	SERVED AND					
	Hand sink 100+ F											
31		at hand	sink to turn off faucet									
18			make sure sanitizer is in sani bu	ucket and s	oap is in bu	ıcket designated	as soap.					
	Dishwasher sanitizi	ing at 10	00 ppm chlorine sanitiz	er		-	·					
28	Date mark when pu											
45	Exposed drywall be											
	Each client with alle											
	Menus posted daily											
45			eboards, broken tiles, g	ans								
42	Clean fan guard in		boardo, brokorr tiloo, g	аро								
	Tea nozzles WRS											
		on front counter. Coffee bar only served by employees										
	3 comp sink 110+F	7 011 11 01	it dodnitor. Conco bar (Jiny Gort	ou by o	Прюуссь						
	O COMP SIME THO H											
Received (signature)	·		Print:			Title: Person In Cha	_					
(signature)	Estela Perea		Estela	Pere	a	Manage	er					
Inspected (signature)		tez. 1	RS Christy C									
		0''	<u> </u>	,		Samples: Y N	# collected					