Retail Food Establishment Inspection Report																			
	ate: / 3()/2	202	23	Time in: Time out: 1:45 3:10		License/P								Est. Type Risk Category Page <u>1</u> of	2			
Pı	irpo	se of	f Ins	spec	tion: 🖌 1-Routine 🗌 2-Follow	Up	3-Compla				Inve	stiga	atio	n	5-CO/Construction 6-Other TOTAL/SCO	RE			
	tabli				e: rsing Care Center	Cont	act/Owner N	Nam	e:						* Number of Repeat Violations: ✓ Number of Violations COS:				
Physical Address: Pest control :								Hoo			reas	ie trap: 1-10-2023/275gal No ☑	/A						
$\mathbf{N} = in \operatorname{compliance}$						O = r	$\frac{\text{Am Powerwash/11-10-22}}{\text{IMC/1-1}}$ not observed NA = not applic						pplicable $COS = corrected on site R = repeat violation W-Wa$						
Mark the appropriate points in the OUT box for each numbered item Mark ' Priority Items (3 Points) violations														ox for IN, NO, NA, COS Mark an X in appropriate box for R tive Action not to exceed 3 days					
0	mpli I	Ν	Ν	С	Time and Temperature for Food Safety						Compliance Status0INNCUNOAO			С					
U T	N	0	A	0 S	Time and Temperature for Food Safety (F = degrees Fahrenheit) 1. Proper cooling time and temperature					U T	N	0	A	O S	Employee Health 12. Management, food employees and conditional employees;				
	~				1. Troper cooming time and temperate						~				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(1	35°F)		-	Preventing Contamination by Ha						Preventing Contamination by Hands	-			
	~	•			4. Proper cooking time and temperate	ire			14. Hands cleaned and properly washed/ Glove						14. Hands cleaned and properly washed/ Gloves used properly				
					5. Proper reheating procedure for hot	holding (1	65°F in 2			3					must wash hands after touching trash cans 15. No bare hand contact with ready to eat foods or approved	+			
	~				Hours)						~				alternate method properly followed (APPROVED Y N)				
	~				6. Time as a Public Health Control; p	rocedures	& records					Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered							
					Approved Sour	æ					~		Pasteurized roods used; pronibited rood not offered Pasteurized eggs used when required Only pasteurized eggs						
	~			7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Sysco							<u> </u>	Chemicals							
	~				8. Food Received at proper temperature						~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables				
					check at receipt					•	•				Water only 18. Toxic substances properly identified, stored and used				
-	Protection from Contamination 9. Food Separated & protected, prevented during food							3				~	store sani buckets low/separate. COS						
	~				preparation, storage, display, and tasting										Water/ Plumbing				
	~				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 200 ppm/temperature					backflow device									
	~				11. Proper disposition of returned, pr reconditioned discarded daily				~		_		20. Approved Sewage/Wastewater Disposal System, proper disposal						
O U	Priority Foundation Items (2 Po				R		olat O U		N N C O A O		С		R						
T	N	0	A	0 S	Demonstration of Knowled 21. Person in charge present, demon	-		-		T	1	0	A	s	Food Temperature Control/ Identification				
	~				and perform duties/ Certified Food Manager/ Posted						~				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature				
	22. Food Handler/ no unauthorized persons/ personnel								~				28. Proper Date Marking and disposition						
	Safe Water, Recordkeeping and Food Package Labeling								~				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips digital						
	~	23. Hot and Cold Water available; adequate pressure, safe											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))			
					Conformance with Approve										12/31/2023 Utensils, Equipment, and Vending				
	~				25. Compliance with Variance, Spec HACCP plan; Variance obtained for processing methods; manufacturer in	specialized	cess, and				~				31. Adequate handwashing facilities: Accessible and properly supplied, used				
					Consumer Advise	ory				2					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 meats to required temps							_		~				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided				
0	O I N N C				Core Items (1 Point) Violations Require Corrective				ion I	0	Ι	I N N		I C		R			
U T					Prevention of Food Cont	amination				U T	N	0	A	O S	Food Identification				
	I N	N O	A	0 S	34 No Evidence of Insect conterning	tion roda-	t/other								4 Original container labeling (Rulk Food)				
	N •				34. No Evidence of Insect contamina animals 35. Personal Cleanliness/eating drin				-		~		_		41.Original container labeling (Bulk Food)				
	N 1 1				animals 35. Personal Cleanliness/eating, drin	ing or tob			-		~				Physical Facilities				
	N •				animals	ing or tob			-	1					Physical Facilities 42. Non-Food Contact surfaces clean				
W	N / / /				animals 35. Personal Cleanliness/eating, drin 36. Wiping Cloths; properly used and	ing or tob			-	1	~				Physical Facilities				
W	N 1 1				animals 35. Personal Cleanliness/eating, drin 36. Wiping Cloths; properly used and 37. Environmental contamination 38. Approved thawing method	stored			-						Physical Facilities 42. Non-Food Contact surfaces clean 43. Adequate ventilation and lighting; designated areas used				
w	N V V V				animals 35. Personal Cleanliness/eating, drin 36. Wiping Cloths; properly used and 37. Environmental contamination 38. Approved thawing method Proper Use of Ute 39. Utensils, equipment, & linens; pr	stored	l, stored,		-	1	~				Physical Facilities 42. Non-Food Contact surfaces clean 43. Adequate ventilation and lighting; designated areas used 44. Garbage and Refuse properly disposed; facilities maintained				
W	N / / /				animals 35. Personal Cleanliness/eating, drin 36. Wiping Cloths; properly used and 37. Environmental contamination 38. Approved thawing method Proper Use of Ute	stored stored stored sils operly used	l, stored,		-		~				Physical Facilities 42. Non-Food Contact surfaces clean 43. Adequate ventilation and lighting; designated areas used 44. Garbage and Refuse properly disposed; facilities maintained 45. Physical facilities installed, maintained, and clean				

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

Form EH-06 (Revised 09-2015)

	ment Name: all Nursing Care Center	Physical A 206 S		City/State: Rockwa	III TX	License/Permit #	Page <u>2</u> of	Page <u>2</u> of <u>2</u>				
	5	200 0	TEMPERATURE OBSERVA		, i, i, i	100200						
Item/Loc	ation	Temp F	Item/Location	Temp F	Item/Locat	ion	Tem	np F				
steam	wells/not setup/water	201	reach in freezer ambien	t 5								
2 do	or cooler #3/ham	41	ground beef on stov	e 203								
	sausage	41										
COC	oked carrots	41										
3 doc	r cooler#2/tomatoes	37										
3 door	cooler/shredded cheese	40										
reach	n in freezer ambient	5										
white	e freezer ambient	-11										
Itom			SERVATIONS AND CORRECT									
Item Number	AN INSPECTION OF YOUR ES' NOTED BELOW:	TABLISHME	NT HAS BEEN MADE. YOUR ATTEN	TION IS DIRE	CTED TO TH	IE CONDITIONS OBSE	RVED AND					
		F with	soap and paper towels									
	3 comp sink 111F											
		-	0 ppm chlorine sanitize	er								
42			ne minor food debris									
32	Rusty shelves wher											
45	Need to clean air re	turn ver	nt over clean dishes									
45	Exposed drywall to	be repa	ired behind ovens									
	Sani buckets at 200) ppm qı	uats									
42	Need to clean outsid	de of co	oler and handles									
18	Store sani buckets a	and soa	p buckets low and sep	arate/ CC)S							
	Pasteurized eggs o	nly										
W	Some minor conder	nsation i	n reach in freezer/prot	ect foods	undern	eath						
	Digital thermo on si											
14	s not to have to	move it										
All residents have dietary and allergy needs on file												
Self serve coffee/ individual sugar and sweet n low and powered creamer (individual). Cleaned several times a												
45	Clean fan guards n											
	Reminder all reheats to 165+F within 2 hours											
	Procedure is put on stove first then to steam wells											
	Cooking temp logs and cooler temps logs											
Received	bv:		Print:			Title: Person In Charg	e/ Owner					
(signature)				Pere	a	Manage						
Inspected (signature)		tori	Print:	ortoz		<u> </u>						
Form FH-0	6 (Revised 09-2015)	iez, I	RS Christy C		NO	Samples: Y N	# collected					