Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 7/29/2021		21	Time in:	Time out:		License/Pe						Est. Type Risk Category Page 1 of 2	2					
						FS-8268 3-Complaint 4-Investigation							5-CO/Construction 6-Other TOTAL/SCOI					
Purpose of Inspection: 1-Routine 2-Follow Up 3-Contact/Ow Establishment Name: Contact/Ow Rockwall Nursing Care Center						·IIIVE	suga	111011		* Number of Repeat Violations: Vumber of Violations COS:								
Ph	ysic	al A	Addre	ess:	kwall, TX	Pe	est contro BC/mor			Ho	od an Power	wash/9n			e trap : Follow-up: Yes And 10/90/	A		
Ma					Status: Out = not in co points in the OUT box for Prio	each numbered is		Mark '		eckma	ark in	appr	opria	te bo	oplicable COS = corrected on site R = repeat violation W-Watco ox for IN, NO, NA, COS Mark an in appropriate box for R tive Action not to exceed 3 days	:h		
О	Compliance Status				R	Compliance Status O I N N C				cus C		R						
T	N	O	A	S		egrees Fahrenhe	eit)			U T		0	A	o s	Employee Health 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			
	V				3. Proper Hot Holding temperature(135°F)										Preventing Contamination by Hands			
		~			4. Proper cooking time						~				14. Hands cleaned and properly washed/ Gloves used properly gloves used			
		~			5. Proper reheating prod Hours)	cedure for hot ho	olding (16	55°F in 2			~				T5. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N.)			
	<u> </u>				6. Time as a Public Health Control; procedures & records										Highly Susceptible Populations			
					Ар	proved Source					~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required eggs cooked or used for baking			
	~	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Sysco										Chemicals						
	/				8. Food Received at pro	oper temperature	е				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables			
					check at rece	ipt i from Contami	ination				~				18. Toxic substances properly identified, stored and used	_		
	~				9. Food Separated & pr preparation, storage, dis			g food							Water/ Plumbing			
3					10. Food contact surfact Sanitized at _200_	es and Returnab ppm/temperatur	oles ; Clea re	ned and			~			ł	19. Water from approved source; Plumbing installed; proper backflow device			
	~				11. Proper disposition of reconditioned disc	of returned, previous	iously ser	rved or			~			ĺ	20. Approved Sewage/Wastewater Disposal System, proper disposal			
		ı																
0	-			-	Pri	ority Founda	ation Ite	ems (2 Po		_	_	_		_	rrective Action within 10 days			
O U T	I N	N O	N A	C O S	Demonstration	of Knowledge	e/ Personr	nel	ints) v	o U T	I N	Req N O	nire N A	Cor C O S	Food Temperature Control/ Identification	R		
		N O		О	Demonstration 21. Person in charge pr and perform duties/ Cer	esent, demonstratified Food Man	e/ Personr ration of k mager/ Po	nel knowledge, osted		O U	I N	N	N	C O	Food Temperature Control/ Identification 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	R		
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Retail Food Establishment Inspection Report

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

Form EH-06 (Revised 09-2015)

Establishment Name: Rockwall Nursing Care Center	Physical A		City/State: Rockwall,	TV	License/Permit # FS-8268		Page <u>2</u> of <u>2</u>				
Nockwall Nulsing Care Center	200 3	TEMPERATURE OBSER		1/	F3-0200						
Item/Location	Temp F	Item/Location		m/Loca	tion		Temp I				
reach in cooler 3											
	20						+				
precooked beef	39										
breakfast sausage	40										
tomatoes (just cut hour previous)	44										
reach in cooler 2/tomatoes	40										
reach in cooler 1/cheese	40										
ham	41										
reach in freezer ambient	1										
	OI	SERVATIONS AND CORREC	CTIVE ACTIONS								
Item AN INSPECTION OF YOUR E Number NOTED BELOW:	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:										
Hand sink 100+ F											
	been hir	ed and will start 8/9/2	2021. She will	be t	he CFM on site	 e.					
		sink setup to 200 ppi									
pre-soak for silvery											
•		Must use 3 comp sin	k to Wash. rin	ise S	Sanitize until re	 paire	<u></u>				
	O Dishwasher not sanitizing. Must use 3 comp sink to Wash, rinse Sanitize until repaired. Condensation in bottom of reach in cooler 3										
		r mop water. Do Not	dump outside								
34 Fly and fruit fly	p 	· · · · · · · · · · · · · · · · · · ·	adiiip odioidi								
<u> </u>	All canned and dry goods date marked when received										
	Dented cans stored low and separate for return										
		contaminated from a spill. This	kener in dried goods	s area/	packages had spills o	n them.					
		g freezer not in use									
34 Gap at back door.	<i>3 10 0 1 1 1 1</i>	9 11 2 2 2 2 1 1 2 2 1 1 2 2 2 2									
Digital thermo.											
	after us	e. Do not leave dirty	with food deb	ris.							
Sanitizer bucket se			Will 1000 000								
Every resident has		•									
•		<u> </u>	ze area.								
	Use separate pans, utensils, fresh gloves, sanitize area. Every resident has tray prepared per their record and served individually.										
	Once tray leaves kitchen, all food is discarded if not eaten.										
	Maintenance to walls, ceilings, exposed sheetrovk behind ovens										
	Ingredients upon request										
	Clean fan grate in kitchen near ice machine and air return near dining room										
	Clean in/around/on equipment										
	Cooling down temps are 2 hours to 70 then 4 hours to 41. All re-heats to 165+ within 2 hours.										
	Cooking temp logs kept.										
2 2 2	 -										
Received by:		Print:			Title: Person In Charge	/ Owner					
Robin Castillo		Robin	Castillo)	Manager	•					
Robin Castillo Inspected by: (signature) Christy Con	rtez 1	RS Christy	Cortez, R	\mathbf{S}^{-1}							
Form EH-06 (Revised 09-2015)	g, I	Office)	Samples: Y N	# collect	.ed				