						Ketai					nen	t I	nsp	ect	ion Report	<u>२</u> २ २ २		policy	
	ate: 127	712	20;	23		ime out: :05		License/Po							Es	t. Type	Risk Category	Page 1 of	2
Purpose of Inspection: 🗸 1-Routine 🚺 2-Follow Up 🚺 3-Complai								4-In	vesti	gatic	n	5-CO/Construe	ction	6-Other	TOTAL/SCO	RE			
Establishment Name: Contact/Owner N Rockwall Nursing Care Center						Name	:					★ Number of Re✓ Number of Vi			10/00	/ ^			
Physical Address: Pest control : 206 Storrs Rockwall, TX mgmt to email							Hood Grease trap : Follow-up: Yes					10/90/	A						
		Com	nplia	nce S	tatus: Out = not in compli	iance IN = in c	compliant	ce No		= not observed NA = not applicable COS = corrected on site R = repeat v					ite R = repeat vio	lation W- Wat	ch		
Priority Items (3 Points) violations														ox for IN, NO, NA, CO tive Action not to exc		k an 🗙 in appropriat s	e box for R		
Co O U	Î	liance N O	e Sta N A	tus C O	Time and Temper	rature for Fo	od Safet	ty	R		Com O I U N	1	nce St N N D A	atus C O		Engli			R
T		0	A	s	(F = degre 1. Proper cooling time and t	ees Fahrenheit temperature	t)				T			s	12. Management, fo		oyee Health ees and conditional	employees;	-
	~										r	1			knowledge, response				
	~				2. Proper Cold Holding tem	nperature(41°l	F/ 45°F)				v	-			13. Proper use of res eyes, nose, and more		d exclusion; No dis	charge from	
	~	-		-	3. Proper Hot Holding temp	perature(135°)	F)								Preve	nting Con	tamination by Han	nds	
	-	~			4. Proper cooking time and	temperature				Ľ		/		Г	14. Hands cleaned a	and properl			
					5. Proper reheating procedu	ire for hot hol	ding (16	65°F in 2		F					GIOVES USE 15. No bare hand co	ntact with			
	-	~			Hours) 6. Time as a Public Health (Control: prog	aduras	& racords							alternate method pro	Sperty Iono	owed (APPROVED	, IN)	
	~										Т			T	Hig 16. Pasteurized food		ptible Populations	fored	
					Approv	ved Source					v	1			Pasteurized eggs use			lereu	
	~			7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Sysco										<u> </u>					
					8. Food Received at proper	temperature				E		,		1	17. Food additives; & Vegetables	approved a	nd properly stored;	Washing Fruits	
	•				check at receipt						~				18. Toxic substance	s properly i	identified stored an	d used	
	1				Protection fro 9. Food Separated & protec			food			3				T T T T				
	~				preparation, storage, display	y, and tasting	-								Water/ Plumbing				
	~				10. Food contact surfaces at Sanitized at <u>200</u> ppm	n/temperature					v	•			19. Water from appr backflow device		-		
	~				11. Proper disposition of ret reconditioned discar	ded					•				20. Approved Sewa disposal		ater Disposal Syster	m, proper	
O U	I N	N O	N A	C O	Priorit Demonstration of 1				R R		ation 0 1 U N	1	N N		rrective Action withi		e Control/ Identific	notion	R
T		•		s	21. Person in charge presen						T			s	27. Proper cooling r	•			
	~					,		sted							Maintain Product Te			quate to	
					and perform duties/ Certifie	ed Food Mana	c					_	_			1		quate to	
	~				and perform duties/ Certifie	ed Food Mana	c	onnel		2	2				28. Proper Date Mar	rking and d	lisposition	-	
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1st followup is free. Any additional followups will result in a \$50 fee.

Retail Food Establishment Inspection Report

Received by: (signature) Sandra Moss	Print: Sandra Moss	Title: Person In Charge/ Owner Manager on duty
Inspected by: (signature) Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Rockwall Nursing Care Center		Physical Address: 206 Storrs		City/State: Rockwall, TX		License/Permit # Page 2 FS-8268			
Item/Loc	ation	Temp F	TEMPERATURE OBSERVA	ATIONS Temp F	Item/Loca	tion	Temp		
	wells/pureed peas	178							
3 doo	r cooler/sliced cheese	41							
3 doo	or cooler/tomatoes	41							
2 do	oor cooler/ham	38							
	butter	38							
W	hite freezer	7							
W	hite freezer	-6							
rea	ch in freezer	8							
			SERVATIONS AND CORRECT						
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:	FABLISHME	NT HAS BEEN MADE. YOUR ATTEN	NTION IS DIRE	CTED TO TH	HE CONDITIONS OBSER	VED AND		
	Warewash hand sir	k 100+l	⁼ equipped						
	3 comp sink 118		0						
			0 ppm chlorine sanitiz						
45	•	•	nser at 400 ppm Kqua nts over clean dish racl						
40			lly precooked and heated		a thon to	stoom wolls to be	t hold		
	Sanitizer buckets se		• •			Steam wells to ht			
18		•	spearate/not on prep t	ahlas					
10	Allergy file for each		•	abies					
W	Time to defrost whit								
	Gloves used for all								
			only in a dispenser wi	th flip spi	aot/wrs	after every me	al		
35			nd separate on coolers		3040	<u> </u>			
	Juice nozzle washe		•	-					
	Coffee machine par	0							
W	Discussed cooling o		· ·						
32	Rusty shelves unde	r prep t	ables and clean dish ra	acks					
34	A couple of fruit flies	s near ju	lice dispenser						
45	Clean air return ver	t and tra	ay over steam table						
45	Clean fan guard in	kitchen	as well						
45	Maintenance to walls where there is exposed drywall/behind stove								
28	Must label and date mark cor	rectly. Ham	tabled as turkey and labeled 10 c	lays ago Disc	arded as 7	days to discard from o	pening.		
Received (signature)	·		Print:			Title: Person In Charge	_		
	Sandra Moss		Sandra		55	Manager o	on duty		
Inspected (signature)	Christy Cor	tez, 1	RS Christy C	ortez,	RS	General and Mark	4 11 - 1		
Form EH-06	5 (Revised 09-2015)	0		•		Samples: Y N	# collected		