

# Retail Food Establishment Inspection Report

- First aid kit
- Allergy policy
- Vomit clean up
- Employee health

Date: <b>7/27/2023</b>	Time in: <b>2:00</b>	Time out: <b>3:05</b>	License/Permit # <b>FS-8268</b>	Est. Type	Risk Category	Page <u>1</u> of <u>2</u>
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Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine	<input type="checkbox"/> 2-Follow Up	<input type="checkbox"/> 3-Complaint	<input type="checkbox"/> 4-Investigation	<input type="checkbox"/> 5-CO/Construction	<input type="checkbox"/> 6-Other	TOTAL/SCORE
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Establishment Name: <b>Rockwall Nursing Care Center</b>	Contact/Owner Name:	* Number of Repeat Violations: _____	<b>10/90/A</b>
		✓ Number of Violations COS: _____	

Physical Address: <b>206 Storrs Rockwall, TX</b>	Pest control : <b>mgmt to email</b>	Hood American/11-2022	Grease trap : <b>mgmt to email</b>	Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**Compliance Status:** Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W- Watch  
 Mark the appropriate points in the OUT box for each numbered item Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an X in appropriate box for R

### Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
<b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)						<b>Employee Health</b>					
	✓						✓				
	✓						✓				
	✓					<b>Preventing Contamination by Hands</b>					
		✓					✓				
		✓					✓				
	✓					<b>Highly Susceptible Populations</b>					
<b>Approved Source</b>							✓				
	✓					<b>Chemicals</b>					
	✓						✓				
<b>Protection from Contamination</b>						3					
	✓					<b>Water/ Plumbing</b>					
	✓						✓				
	✓						✓				

### Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
<b>Demonstration of Knowledge/ Personnel</b>						<b>Food Temperature Control/ Identification</b>					
	✓										
	✓					2					
<b>Safe Water, Recordkeeping and Food Package Labeling</b>							✓				
	✓					<b>Permit Requirement, Prerequisite for Operation</b>					
	✓						✓				
<b>Conformance with Approved Procedures</b>						<b>Utensils, Equipment, and Vending</b>					
	✓						✓				
<b>Consumer Advisory</b>						2					
	✓						✓				

### Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
<b>Prevention of Food Contamination</b>						<b>Food Identification</b>					
1							✓				
1						<b>Physical Facilities</b>					
	✓						✓				
	✓						✓				
	✓						✓				
<b>Proper Use of Utensils</b>						1					
	✓						✓				
	✓						✓				

**Retail Food Establishment Inspection Report**

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

Form EH-06 (Revised 09-2015)

Establishment Name: Rockwall Nursing Care Center	Physical Address: 206 Storrs	City/State: Rockwall, TX	License/Permit # FS-8268	Page 2 of 2
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**TEMPERATURE OBSERVATIONS**

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
steam wells/pureed peas	178				
3 door cooler/sliced cheese	41				
3 door cooler/tomatoes	41				
2 door cooler/ham	38				
butter	38				
white freezer	7				
white freezer	-6				
reach in freezer	8				

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
	Warewash hand sink 100+F equipped
	3 comp sink 118
	Dishwasher sanitizing at 100 ppm chlorine sanitizer
	3 comp sink sanitizer dispenser at 400 ppm Kquat
45	Need to clean air return vents over clean dish rack
	Stuffed bell peppers commercially precooked and heated from frozen then to steam wells to hot hold
	Sanitizer buckets setup to 200ppm (3)
18	Store sani buckets low and spearate/not on prep tables
	Allergy file for each resident
W	Time to defrost white freezer
	Gloves used for all prep and ready to eat
	Self serve coffee and water only in a dispenser with flip spigot/wrs after every meal
35	Store personal drinks low and separate on coolers
	Juice nozzle washed nightly
	Coffee machine parts washed nightly
W	Discussed cooling down methods
32	Rusty shelves under prep tables and clean dish racks
34	A couple of fruit flies near juice dispenser
45	Clean air return vent and tray 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 correctly. Ham tabled as turkey and labeled 10 days ago Discarded as 7 days to discard from opening.

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Inspected by: (signature) <i>Christy Cortez, RS</i>	Print: <b>Christy Cortez, RS</b>	Samples: Y N # collected

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