Retail Food Establishment Inspection Report  First aid kit  Allergy policy  Vomit clean up Employee health																		
Date:         Time in:         Time out:         License/Pe           1/30/2024         1:25         2:34         FS-8												Est. Type Risk Category Page <u>1</u> of <u>2</u>	2					
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain						int	4	Inve	estiga	atio	n	5-CO/Construction 6-Other TOTAL/SCOR	RE					
Establishment Name: Contact/Owner N Rockwall Nursing Care Center Kitchen						Vame:						* Number of Repeat Violations:      ✓ Number of Violations COS:	<b>١</b>					
Physical Address: 206 Storrs Rockwall, TX Perfect/ 3 weeks							Ho America	od an Powe	rwash/11	G IM	reas	se trap : Follow-up: Yes 8/92/A	1					
<b>Compliance Status:</b> Out = not in compliance IN = in compliance NO							$\mathbf{O} = \mathbf{not}$				<b>\</b> = n	iot ap	The applicable $COS = corrected on site R = repeat violation W- Watch$	h				
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																		
0	Compliance Status         Time and Temperature for Food Safety           0         I         N         N         C						R	0		Ν	Ν	С		R				
U T	N	0	A	O S	(F = degrees Fahrenheit) 1. Proper cooling time and temperature					U T		0	A	s				
	~				1. 1 toper cooming time and temperature						~				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(135°F)										Preventing Contamination by Hands			
		• •			4. Proper cooking time and te	emperature			$\left  \right $	-	~	14. Hands cleaned and properly washed/ Gloves used properly						
			5. Proper reheating procedure for hot holding (165°F in 2						+		•			-	GIOVES USED           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 Co	ontrol; proce	edures	& records			1				Highly Susceptible Populations			
					Approve	ed Source					~	16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required <b>no raw shelled eggs</b>						
	~				7. Food and ice obtained from good condition, safe, and una destruction <b>Popol</b> (in the	dulterated: 1					Chemicals							
	destruction BeneKieth 8. Food Received at proper temperature						$\square$						17. Food additives; approved and properly stored; Washing Fruits					
	Check at receipt							~				& Vegetables water only						
	Protection from Contamination									~				18. Toxic substances properly identified, stored and used				
	~		9. Food Separated & protected, prevented during food preparation, storage, display, and tasting								Water/ Plumbing           19. Water from approved source; Plumbing installed; proper							
	~				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature						~				backflow device			
	~				11. Proper disposition of returned, previously served or reconditioned <b>discarded</b>						~				20. Approved Sewage/Wastewater Disposal System, proper disposal			
0	Priority Foundation Items (2 Po				ints) R	0	I	N	Ν	С		R						
U T	N	0	A	O S	Demonstration of Knowledge/ Personnel           21. Person in charge present, demonstration of knowledge,					U T		0	A	O S	···· · · · · · · · · · · · · · · · · ·			
	~				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					2					28. Proper Date Marking and disposition						
	Safe Water, Recordkeeping and Food Package Labeling							~				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips digital						
	•											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) 12/31/2024						
		Conformance with Approved Procedures										Utensils, Equipment, and Vending						
	~				25. Compliance with Variance HACCP plan; Variance obtain processing methods; manufac	ned for spec	alized	ess, and		2				~	31. Adequate handwashing facilities: Accessible and properly supplied, used			
					Consumer	r Advisory				2	1				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used			
	~				26. Posting of Consumer Adv foods (Disclosure/Reminder/I						~				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided			
0	I	N	N	C	Core Items (1 Point) V	iolations R	equire	Corrective	Actio	n Not		Excee N	ed 90 N	0 Da C	ays or Next Inspection , Whichever Comes First	R		
U T	I N	N O	N A	C O S	Prevention of Foo				K	U T	Ν	N O	N A	C O S	Food Identification	ĸ		
	<				34. No Evidence of Insect cor animals						~				41.Original container labeling (Bulk Food)			
	~				35. Personal Cleanliness/eatir			cco use	Ц						Physical Facilities			
	~				36. Wiping Cloths; properly u		red		Ц		~				42. Non-Food Contact surfaces clean			
	~				37. Environmental contamina				Ц		~				43. Adequate ventilation and lighting; designated areas used			
38. Approved thawing method							~				<ul><li>44. Garbage and Refuse properly disposed; facilities maintained</li><li>45. Physical facilities installed, maintained, and clean</li></ul>							
	Proper Use of Utensils 39. Utensils, equipment, & linens; properly used, stored,					1					45. Physical facilities installed, maintained, and clean 46. Toilet Facilities; properly constructed, supplied, and clean							
1					dried, & handled/ In use uten	sils; proper	ly used				~							
	~				40. Single-service & single-us and used	se articles; <sub>I</sub>	properly	stored			~				47. Other Violations			

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)

	nent Name: Nursing Care Center Kitchen	Physical A 206 S		City/State: Rockwa	all, TX	License/Permit # Page 2 of FS-8268		2_ of <u>2</u>			
Item/Loc	ation	Temp F	TEMPERATURE OBSERVA	ATIONS Temp F	Item/Loca	tion		Temp F			
		40		Temp F	Item/Loca	uon		тетрт			
2 0001	cooler/ham	40 37									
	tuna										
	or cooler/tomatoes	36									
	r cooler/sour cream	37									
Sli	ced cheese	36									
outsid	e white freezer ambient	1									
rea	ch in freezer	-2									
2 for	freezer ambient	-3									
OBSERVATIONS AND CORRECTIVE ACTIONS											
Item Number	AN INSTECTION OF TOOR ESTABLISTIMENT HAS DEEN MADE. TOOR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND										
W			ater handle not working	-		•					
31	Using line hand sink/160F (very hot). equipped with soap, COS added paper towels										
31			r prep or utensils. CO								
45 28		<u> </u>	needed, cracked in pla at day 7/COS by discarding ham not		nd also som	o data markad 10 dava r					
20			ats/store correctly low			e date marked 10 days p	Jievious				
45		<u> </u>	oughout especially over	•							
	Not hot holding at ti		* · ·								
	Fan guards has bee		•								
	Dishwasher sanitizi		•								
	Test strips on site b	oth for o	quats and chlorine								
	3 comp sink 133F										
	Sani sink setup to 2		•								
45/00	Digital thermo with										
45/32		ehind stove/exposed drywall/not cleanable offee only, commercially prepackaged shelf stable creamer and sugar									
		r milk cooler, self serve cereal dispensers with levers/no hand contact									
39				пэрепзета			Jinaci				
	To discard and replace frayed spatulas 2 Corner edging needed near stove/exposed drywall/not cleanable										
	For each resident, a		· · ·								
	All food discarded once it leaves the kitchen										
	Discussed cooling down methods										
32											
	Gloves used for all prep and ready to eat										
Received			Print:			Title: Person In Charge					
(signature)	Estela Perea <sup>Thy:</sup> Chrísty Cov		Estela	Pere	a	Manage	r				
Inspected (signature)	by:	tor	Christy C	ortoz	RC						
Form EH 00	(Revised 09-2015)	iez, r			INO -	Samples: Y N	# collected	d			