	Retail Food Establishment Inspection Report First aid kit Allergy policy Vomit clean up Employee health																			
	Date: Time in: Time out: License/Pe 1/27/2021 2:27 3:45 FS-8												Est. Ty	ype	e Risk Category Page <u>1</u>					
Pı	irpo	se of	f Ins	spec	tion: 🖌 1-Routine 🗌 2	2-Follow Uj		3-Complai		_	4-Inv	vestiş	atio	n	5-CO/Construction	n	6-Other	TOTAL/SCO	RE	
Establishment Name: Contact/Owner N Rockwall Nursing Care Center													 ★ Number of Repeat Violations: ✓ Number of Violations COS: 							
Physical Address: Pest control :							Hood Grease trap :													
206 Storrs St Rockwall, TX w/building Compliance Status: Out = not in compliance IN = in compliance NO							$\mathbf{D} = \mathbf{n}$	-				as info No number of the No number of th			lation W-Wat	ch				
Mark the appropriate points in the OUT box for each numbered item Mark 'V' a checkmark in appropriate box for IN, NO, NA, COS Mark an A in appropriate box for										e box for R										
Co	Priority Items (3 Points) violations Compliance Status									Compliance Status							S		R	
U U T	I N	N O	N A	C O S	Time and Tempera (F = degree	es Fahrenheit		ety	R	1	O I U N T	N O	N A	C O S	Employee Health					
	~				1. Proper cooling time and to	emperature				12. Management, food employees and conditional en knowledge, responsibilities, and reporting						employees;				
┝					2. Proper Cold Holding temp	perature(41°)	F/ 45°F)		_	-				13. Proper use of restriction and exclusion; No discharge from					
	~					•					v				eyes, nose, and mouth					
	~				3. Proper Hot Holding temp	perature(135°	F)								Preventin	ıds				
		4. Proper cooking time and temperature						14. Hands cleaned and properly washed/ Glove						y washed/ Gloves u	sed properly					
		~			5. Proper reheating procedur Hours)	re for hot hol	ding (1	65°F in 2			v	/			15. No bare hand contac	contact with ready to eat foods or approved properly followed (APPROVED YN)				
<u> </u>		6 Time as a Public Health Control: procedures & records							Linkly Sugartikle Dowletin						411. D					
	~					^				Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offer							fered			
					Approv	ved Source				Pasteurized roots used, promoted root not one Pasteurized eggs used when required eggs Cooked										
	~			7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Sysco																
	~				8. Food Received at proper t	-									17. Food additives; appr & Vegetables	roved a	nd properly stored;	Washing Fruits		
	•	check at receipt									_				water only 18. Toxic substances pro	operly i	dentified stored an	d used		
					9 Food Separated & protect			a food												
	~				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting									1	19. Water from approve		/ Plumbing	di propor		
3					10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 200 ppm/temperature					3	3				backflow device		-			
	~				11. Proper disposition of returned, previously served or reconditioned						r				20. Approved Sewage/V disposal	Wastewa	ater Disposal Syster	m, proper		
0	I	N	N	С		<u>د</u>		`	ints) R		0 1	I N		С	rrective Action within 10				R	
U T	N	0	A	0 S							U N T	N 0	A	O S	Food Tempe	erature	Control/ Identific	ation		
	~				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted						v				27. Proper cooling meth Maintain Product Temp			quate to		
	~	22. Food Handler/ no unauthorized persons/ personnel								v	/			28. Proper Date Marking	ig and d	isposition				
	Safe Water, Recordkeeping and Food Package Labeling								v	/			29. Thermometers provi Thermal test strips digital	ided, ac	curate, and calibrat	ed; Chemical/				
	~	✓ 23. Hot and Cold Water available; adequate pressure, safe										•	ement,]	Prerequisite for O	Operation					
	~	24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled				\square							nt Perm	nit (Current/insp re	ent/insp report sign posted)					
						IFAC		_	ľ				12/31/2021 Utensils, Equipment, and Vending							
	~				Conformance with Approved Procedures 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions						•				31. Adequate handwash supplied, used					
					Consume	er Advisory				2	2				32. Food and Non-food designed, constructed, a			e, properly		
	~				26. Posting of Consumer Ad foods (Disclosure/Reminder						v	/			33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided					
0	Core Items (1 Point) Violations Require Corrective								Actio											
U T	I N	N O	N A	C O S	Prevention of Fo				Λ	1	U N T		A	o s			lentification		R	
	~				34. No Evidence of Insect co animals						v	·			41.Original container la	ibeling ((Bulk Food)			
	~				35. Personal Cleanliness/eat			acco use								Physica	al Facilities			
	~				36. Wiping Cloths; properly	used and sto	ored				v	·			42. Non-Food Contact s					
	~				37. Environmental contamin	nation					v	-			43. Adequate ventilation					
	Image: State Sta								v	/			44. Garbage and Refuse	e proper	ly disposed; faciliti	es maintained				
	Proper Use of Utensils					1	1				45. Physical facilities in	nstalled,	maintained, and cle	ean						
W 39. Utensils, equipme dried, & handled/ In			39. Utensils, equipment, & l dried, & handled/ In use ute	nt, & linens; properly used, stored, use utensils; properly used					~	/			46. Toilet Facilities; pro	operly c	onstructed, supplied	l, and clean				
	~				40. Single-service & single- and used	use articles;	properl	y stored			~	/			47. Other Violations				1	

Received by: (signature) see below	see below	Title: Person In Charge/ Owner
Inspected by: (signature) See below	Print: see below	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: /all Nursing Care Center	Physical A 206 S		City/State:		License/Permit # FS-8268	Page	Page <u>2</u> of <u>2</u>			
TOCK	an Nursing Care Center	200 3	TEMPERATURE OBSERV	Rockwa		1 3-0200					
Item/Lo	cation	Temp F	Item/Location	Temp F	Item/Loca	tion		Temp F			
reach	in freezer/ambient	25									
read	h in cooler3/gravy	40									
	turkey	40									
read	h in cooler2/milk	40									
reach	in cooler1/whipping cream	40									
sau	sage on stove	155									
outsi	de freezer1 ambient	1.4									
outsi	de freezer2 ambient	-4									
OBSERVATIONS AND CORRECTIVE ACTIONS											
Number	Item AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND Number NOTED BELOW:										
	Hand sink 100 F										
	3 comp sink 111 F										
	Dishwasher 100 pp										
W	 Sani sink sanitizer dispenser at 200 ppm quats Store dishes clean on clean dish rack (divider plates rarely used and WRS before use) 										
32							e use)			
32 45	Galvanized shelving/clean dish rack. Advised to use bar matting Air return vent in dry storage/ needs to be replaced/moldy										
43 W			age/needs organizatio		oke to or	aanizo					
19	Leaking faucet at 3			ii anu iau		ganize					
10	•			m. Coffee	e is in a	self contained u	unit				
	Coffee with individual cream and sugar in dining room. Coffee is in a self contained unit Each client has individual file with allergy restrictions										
					lean uter	nsil, pans, clean g	gloves				
 For those with allergies, food prepped and served separately using clean utensil, pans, clean 45 Maintenance needed to walls throughout 											
45			in walls around door t	o dining	room						
10			etup during prep and s								
	Menu posted in dini	ng roon	n daily. Ingredients up	on reque	st						
45	Clean walls, may no	eed new	r paint to be cleanable								
Received			Print:			Title: Person In Charge	e/ Owner				
(signature	James Gumm		James	Gum	nm	Manage					
Inspecte (signature)	^{d by:} Chrísty C	nto	Christy								
Form EH-0	6 (Revised 09-2015)		σ Officiency			Samples: Y N	# collecte	ed			