Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date:		20	Time in:	Time out:		License/Permit # FS-8268						Est. Type Risk Category Page 1 of	2				
7/30/2020						11:59											
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain Establishment Name: Contact/Owner Na Contact/Owner Na								* Number of Repeat Violations:					* Number of Repeat Violations:	RE			
Rockwall Nursing Care Center Physical Address: Pest control:								Но	Hood Grease trap : Follow-up: Yes			e trab: Follow-up: Yes 6/94//	Α				
206 Storrs St Rockwall, TX w/buidling									an Power		city	y ha	as info No 🗸				
Ma					Status: Out = not in corpoints in the OUT box for	each numbered i	item	Mark '		eckm	ark in	appr	opria	te bo	plicable COS = corrected on site R = repeat violation W- Water ox for IN, NO, NA, COS Mark an in appropriate box for R	ch	
Priority Items (3 Points) violations I								violations		C	ompl	liance Status		us	·		
U T	(E = dogrees Eshrenheit)					R	U T	N O A O		C O S	Employee Health						
	~			Proper cooling time and temperature							7				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting		
					2. Proper Cold Holding temperature(41°F/45°F)						ļ .				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 temperature							14. Hands cleaned and properly washed/ Gloves use									
	5. Proper reheating procedure for hot holding (165°F in 2 Hours)						~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)						
	~	6. Time as a Public Health Control; procedures & records								Highly Susceptible Populations				Highly Susceptible Populations			
						1.6									16. Pasteurized foods used; prohibited food not offered		
						proved Source	d	74 in							Pasteurized eggs used when required eggs		
					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite										Chemicals		
		destruction Sysco 8. Food Received at proper tem			ner temnerature	emperature								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					
			10. Food contact surfaces and Returnables ; Cleaned and						Ι		T		19. Water from approved source; Plumbing installed; proper				
W					Sanitized at 200 J						~				backflow device		
	~	11. Proper disposition of returned, previously served or reconditioned discarded									20. Approved Sewage/Wastewater Disposal System, proper disposal						
							ation Ite	ms (2 Po	ints) 1	viola	tions	Req	uire	Cor	rective Action within 10 days		
O U T	I N	N O	N A	C O Demonstration of Knowledge/ Personnel S				R	U T	N	N O	N A	C O S	Food Temperature Control/ Identification	R		
-	~			. S	21. Person in charge pre and perform duties/ Cer					W				Б	27. Proper cooling method used; Equipment Adequate to		
					1 1					٧ ٧	•				Maintain Product Temperature		
	,				22. Food Handler/ no un	nauthorized pers	J	onnel			_				28. Proper Date Marking and disposition	+	
	~				22. Food Handler/ no ur have within 60 d		sons/ perso				~				Proper Date Marking and disposition Thermometers provided, accurate, and calibrated; Chemical		
	~				Safe Water, Recor		sons/ perso				✓ ✓				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips		
	✓ ✓				Safe Water, Recor 23. Hot and Cold Water	rdkeeping and Labeling available; adeq	sons/ persons Food Pacinuate press	kage ure, safe			1				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips digital Permit Requirement, Prerequisite for Operation		
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Retail Food Establishment Inspection Report

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

Form EH-06 (Revised 09-2015)

	ment Name: vall Nursing Care Center	Physical A	ddress:		y/State: OCKW8	all, TX	FS-8268 Page 2 of 2					
			TEMPERATUI	RE OBSERVATION	ONS							
Item/Loc	cation	Temp F	Item/Location		Temp F	Item/Loca	tion	Temp F				
Reacl	n in 3/chili	40										
reach	n in 2/cut watermelon	41										
reach	in 1/shredded cheese	41										
reach	n in freezer ambient	15.8										
hot h	olding/shredded pork	186										
	potatoes	181										
outsi	de freezer ambient	4										
ou	tside freezer	7.8										
T ₄	I		SERVATIONS ANI									
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Hand sink 136											
	3 comp sink 122+ v	vith San	i sink setup to	200 ppm a	uats							
	Sani bucket 200 pp		•	1								
W	Sanitizer from sink slow to	•		it to see sanitiz	er is mixi	ng with wa	ater. use test strips	to verify				
39	Discard frayed uter	sils										
45	Holes in walls, ceili		s to be seale	d.								
45	Pealing paint	.g., g.,										
42 Replace air return vents/moldy/clean dust as well 37 Condensation on air return vents												
W	Use mop sink as intended. Dispose of waste water properly.											
	Tea nozzles WRS daily											
35	Store employee drinks low and separate											
45	Clean walls/needs			washable s	urface)						
34	Flies		<u> </u>			<u> </u>						
	Allergy per client or	n file.										
	Temps logs current											
	Drink cabinet in dining room to be replaced as no longer cleanable											
42	<u> </u>											
37	Store 6 inches off floor to clean											
	Replace gaskets on coolers where neccessary											
	The production of the control of the											
	Covid 19 Response											
	Daily temps taken.		ing employee	health.								
	Gloves and masks worn											
	No dining room seating. All delivered to rooms.											
	No self serve drinks. All prepared by staff.											
Received (signature)	by:	•	Print:				Title: Person In Charg	e/ Owner				
(orginature)												
Inspecte		_	Print:									
(signature)	Christy C	orte	% ∣ Ch	rristv (Cort	ez	Samples: Y N	# collected				