

Retail Food Establishment Inspection Report

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

| | | | | | | |
|---------------------------|--------------------------|---------------------------|------------------------------------|-----------|---------------|---------------------------|
| Date: 7/30/2020 | Time in: 10:34 | Time out: 11:59 | License/Permit # FS-8268 | Est. Type | Risk Category | Page <u>1</u> of <u>2</u> |
|---------------------------|--------------------------|---------------------------|------------------------------------|-----------|---------------|---------------------------|

| | | | | | | |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|-------------|
| 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 |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|-------------|

| | | | |
|--|---------------------|--------------------------------------|---------------|
| Establishment Name: Rockwall Nursing Care Center | Contact/Owner Name: | * Number of Repeat Violations: _____ | 6/94/A |
| | | ✓ Number of Violations COS: _____ | |

| | | | | |
|--|-------------------------------------|--|---------------------------------------|---|
| Physical Address: 206 Storrs St Rockwall, TX | Pest control : w/buidling | Hood <small>American Powerwash/6m</small> | Grease trap : city has info | Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|--|-------------------------------------|--|---------------------------------------|---|

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 |
| Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | | Employee Health | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | Preventing Contamination by Hands | | | | | |
| | | ✓ | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | Highly Susceptible Populations | | | | | |
| | | | | | | | ✓ | | | | |
| | ✓ | | | | | Chemicals | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | | | | | | | ✓ | | | | |
| | ✓ | | | | | Water/ Plumbing | | | | | |
| W | | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |

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 |
| Demonstration of Knowledge/ Personnel | | | | | | Food Temperature Control/ Identification | | | | | |
| | ✓ | | | | | W | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Safe Water, Recordkeeping and Food Package Labeling | | | | | | Permit Requirement, Prerequisite for Operation | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | Utensils, Equipment, and Vending | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Consumer Advisory | | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |

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 |
| Prevention of Food Contamination | | | | | | Food Identification | | | | | |
| 1 | | | | | | | ✓ | | | | |
| 1 | | | | | | Physical Facilities | | | | | |
| | ✓ | | | | | 1 | | | | | |
| 1 | | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Proper Use of Utensils | | | | | | 1 | | | | | |
| 1 | | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |

Retail Food Establishment Inspection Report

| | | |
|---|----------------------------|--------------------------------|
| Received by: (signature) <i>see below</i> | Print: see below | Title: Person In Charge/ Owner |
| Inspected by: (signature) <i>see below</i> | Print: see below | Business Email: |

Form EH-06 (Revised 09-2015)

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

TEMPERATURE OBSERVATIONS

| Item/Location | Temp F | Item/Location | Temp F | Item/Location | Temp F |
|----------------------------|--------|---------------|--------|---------------|--------|
| Reach in 3/chili | 40 | | | | |
| reach in 2/cut watermelon | 41 | | | | |
| reach in 1/shredded cheese | 41 | | | | |
| reach in freezer ambient | 15.8 | | | | |
| hot holding/shredded pork | 186 | | | | |
| potatoes | 181 | | | | |
| outside freezer ambient | 4 | | | | |
| outside freezer | 7.8 | | | | |

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: |
|-------------|--|
| | Hand sink 136 |
| | 3 comp sink 122+ with Sani sink setup to 200 ppm quats |
| | Sani bucket 200 ppm quats |
| W | Sanitizer from sink slow to release sanitizer. Check/wait to see sanitizer is mixing with water. use test strips to verify |
| 39 | Discard frayed utensils |
| 45 | Holes in walls, ceilings, gaps to be sealed. |
| 45 | Peeling paint |
| 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 new painting/and or a washable surface |
| 34 | Flies |
| | Allergy per client on file. |
| | Temps logs current. |
| | Drink cabinet in dining room to be replaced as no longer cleanable |
| 42 | Chairs in dining room when replaced to be made cleanable (currently cloth and dirty) |
| 37 | Store 6 inches off floor to clean |
| | Replace gaskets on coolers where necessary |
| | |
| | |
| | Covid 19 Response |
| | Daily temps taken. monitoring employee health. |
| | Gloves and masks worn |
| | No dining room seating. All delivered to rooms. |
| | No self serve drinks. All prepared by staff. |

| | | |
|--|---------------------------------|--------------------------------|
| Received by: (signature) | Print: | Title: Person In Charge/ Owner |
| Inspected by: (signature) <i>Christy Cortez</i> | Print: Christy Cortez | Samples: Y N # collected |

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