

# INSPECTION REPORT



KINGS COUNTY HEALTH DEPARTMENT  
DIVISION OF ENVIRONMENTAL  
HEALTH SERVICES  
<http://www.countyofkings.com/health/ehs>

330 CAMPUS DRIVE  
HANFORD, CA 93230  
(559) 584-1411  
FAX: (559) 584-6040

BUSINESS NAME:	<u>Hacienda Rehab &amp; Health Care</u>	DATE:	<u>Feb 9<sup>th</sup> 2012</u>
ADDRESS:	<u>361 Granginlle Blvd - Hfd</u>		
OWNER/OPERATOR	<u>Mr. &amp; Mrs Robert Stotts</u>		
PHONE #:	<u>582-9221</u>	LIC PLATE #:	<u>-</u>
PROGRAM:	<u>1614</u>		

\* Dish Machine concentration measured 100ppm of CL.

\* Hot steam unit was  $\geq 135^{\circ}\text{F}$ .

\* Cold holding unit was at or below  $41^{\circ}\text{F}$ .

\* Facility was in excellent condition.

\* Hand washing station was fully stocked.

\* Manager faxed in updated certified food manager certification

Thank you.

Inspector:

YATEE PATEL  
YATEE PATEL

Received by:

KG



County of Kings - Department of Public Health

Environmental Health Services Division

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> HACIENDA REHABILITATION & HEALTH CARE CENTER, INC.	<b>BUSINESS PHONE:</b> (559) 582-9221	<b>RECORD ID#:</b> PR0007114	<b>DATE:</b> July 20, 2011
<b>FACILITY SITE ADDRESS:</b> 361 E GRANGEVILLE BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MR. AND MRS. ROBERT STOTTS	<b>CERTIFIED FOOD HANDLER:</b> Kathleen Palomino	<b>EXP DATE:</b> 1/27/2012	<b>INSPECTOR:</b> Susan Lee-Yang - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

On today's visit there were no noted violations. Everyone was noted to be wearing hairnets and practicing proper food handling. Temperature logs were noted to be up to date and all tested food displayed proper temperatures.

Thank you, keep up the excellent work.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Susan Lee-Yang - REHS

Received By:

Agency Representative

NOTE: This report must be made available to the public on request



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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> HACIENDA REHABILITATION & HEALTH CARE CENTER, INC.	<b>BUSINESS PHONE:</b> (559) 582-9221	<b>RECORD ID#:</b> PR0007114	<b>DATE:</b> January 31, 2011
<b>FACILITY SITE ADDRESS:</b> 361 E GRANGEVILLE BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MR. AND MRS. ROBERT STOTTS	<b>CERTIFIED FOOD HANDLER:</b> Kathleen Palomino	<b>EXP DATE:</b> 1/27/2012	<b>INSPECTOR:</b> Kimberly Marquez

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

Overall, the food facility appeared in good operational condition.

Hand sinks fully stocked with soap, paper towels and hot running water.

Dish wash machine chlorine level was at 100 ppm.

Walk-in cold holding unit was noted at 37 ° F.

Good job keep up the good work.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

*L. Ral - DJ*

Received By:

*Kimberly Marquez*

Agency Representative

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