



County of Kings - Department of Public Health

Environmental Health Services Division

330 Campus Drive Hanford, CA 93230

Phone - 559-584-1411 Fax - 559-584-6040

Internet - www.countyofkings.com/health/ehs

FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> HANFORD NURSING & REHAB HOSP	<b>BUSINESS PHONE:</b> (559) 582-2871	<b>RECORD ID#:</b> PR0007116	<b>DATE:</b> June 30, 2011
<b>FACILITY SITE ADDRESS:</b> 1007 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MARK A. FISHER	<b>CERTIFIED FOOD HANDLER:</b> SARA R POST	<b>EXP DATE:</b> 7/13/2015	<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:

Observed hand wash station fully stocked with soap and paper towels.

All cold holding units were noted below 41°F.

Observed all employees with hair nets.

Observed operator conducting proper handwashing procedures.

Temperature logs are up-to-date.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Susan Lee-Yang - REHS

Agency Representative

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

# 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>Hanford Nursing &amp; Rehab</u>	DATE:	<u>Feb 9<sup>th</sup> 2012</u>
ADDRESS:	<u>1007 W. Lacey Blvd, Hanford, CA</u>		
OWNER/OPERATOR	<u>Mark Fisher</u>		
PHONE #:	<u>582-4414</u>	LIC PLATE #:	<u>-</u>
		PROGRAM:	<u>1614</u>

\* 3 compartment sink was not dispensing Quat Amm correctly. Use bleach solution (10%) and sanitize until EcoLab comes and services dispensers.

\* Cold holding units were at or below 41°F.

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

\* Handwashing observed correctly by employees.

\* Facility in very good condition

Thank you.

\* PASS \*

Inspector:

YATEE PATEL

Received by:

(x) [Signature]

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> HANFORD NURSING & REHAB HOSP	<b>BUSINESS PHONE:</b> (559) 582-2871	<b>RECORD ID#:</b> PR0007116	<b>DATE:</b> November 16, 2010
<b>FACILITY SITE ADDRESS:</b> 1007 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MARK A. FISHER	<b>CERTIFIED FOOD HANDLER:</b> TONYA L. SIMS	<b>EXP DATE:</b> 2/12/2013	<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:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Dishwasher sanitizer was noted at 0 ppm.  
Please contact Ecolab for service. Sanitizer should be at least 50 ppm at all times.

**General Comments:**

Observed hand wash station stocked with soap and paper towels.

All cold holding units were noted satisfactory at time of inspection.

QAC sanitizer bucket was noted at 200 ppm.

Observed all employees wearing hairnets and disposable gloves.

Observed temperature logs complete and up-to-date.

**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

Agency Representative

Received By:

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