



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> KINGS NURSING & REHABILITATION CENTER	<b>BUSINESS PHONE:</b> (559) 582-4414	<b>RECORD ID#:</b> PR0007115	<b>DATE:</b> April 27, 2012
<b>FACILITY SITE ADDRESS:</b> 851 LESLIE LN	<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> TERRI THOMAS	<b>EXP DATE:</b> 3/24/2014	<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:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** Observed no paper towels at hand sink. Please keep hand sink fully stocked at all times. (Issue corrected at time of inspection. Thank You)

**Violation:** IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

**Description/Corrective Action:** Observed light build up inside top corner of slicer. Please clean and maintain clean.

**General Comments:**

Observed cold holding at 41 and below.

Disinfectant machine noted at 100ppm chlorine and sanitizer buckets noted at 300 ppm Quat.

Observed good employee hygiene hair in restraints and clean uniforms were worn.

Observed temperature logs up-to-date. Good job!

Overall facility was clean and in good condition.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input checked="" type="checkbox"/> Potential Food Safety All Star:

Received By:

*Kimberly Marquez*

Agency Representative

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



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<b>FACILITY NAME:</b> KINGS NURSING & REHABILITATION CENTER	<b>BUSINESS PHONE:</b> (559) 582-4414	<b>RECORD ID#:</b> PR0007115	<b>DATE:</b> August 25, 2011
<b>FACILITY SITE ADDRESS:</b> 851 LESLIE LN	<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> TERRI THOMAS	<b>EXP DATE:</b> 3/24/2014	<b>INSPECTOR:</b> Government Intern

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**Violation:** FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

**Description/Corrective Action:** During today's inspection, a box of potatoes was noted to be stored on the ground. Please keep all food items off of the ground at all times. This violation was corrected on site.

**General Comments:**

On today's inspection, all potentially hazardous foods were noted to be at proper temperature. Hairnets were worn by all persons in the kitchen. Handwash stations were stocked and proper washing techniques observed.

Keep up the good work.

This inspection was conducted by John G.

**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:

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<b>FACILITY NAME:</b> KINGS NURSING & REHABILITATION CENTER	<b>BUSINESS PHONE:</b> (559) 582-4414	<b>RECORD ID#:</b> PR0007115	<b>DATE:</b> January 07, 2011
<b>FACILITY SITE ADDRESS:</b> 851 LESLIE LN	<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> LAURA DEMEULENAERE	<b>EXP DATE:</b> 10/21/2009	<b>INSPECTOR:</b> Liliana Stransky - 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 temperatures for refrigeration units and steam table at satisfactory ranges.  
Proper maintenance of the overall facility was noted; please replace filters for the hood and avoid cleaning them at the time that the hood is in use.  
Sanitizer level for the dishwasher was at 100 ppm.

Thank you!

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Liliana Stransky - REHS

Received By: \_\_\_\_\_

Agency Representative

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