



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 REHABILITATION CENTER	<b>BUSINESS PHONE:</b> (559) 582-9234	<b>RECORD ID#:</b> PR0006102	<b>DATE:</b> November 03, 2011
<b>FACILITY SITE ADDRESS:</b> 490 E HANFORD-ARMONA RD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KINGS REHABILITATION CENTER	<b>CERTIFIED FOOD HANDLER:</b> SHERRIE MARTIN	<b>EXP DATE:</b> 11/20/2014	<b>INSPECTOR:</b> Luis Flores

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:

Facility operation and food handling practice observed was very good. All monitored food temperatures met code compliance requirements.

Operation performs daily food temperature logging which is maintained for review.

Thank you and please continue on doing a great job.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

*Sharon Lewis*

Received By:

*Luis Flores*

Agency Representative

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



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<b>FACILITY NAME:</b> KINGS REHABILITATION CENTER	<b>BUSINESS PHONE:</b> (559) 582-9234	<b>RECORD ID#:</b> PR0006102	<b>DATE:</b> October 01, 2010
<b>FACILITY SITE ADDRESS:</b> 490 E HANFORD-ARMONA RD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KINGS REHABILITATION CENTER	<b>CERTIFIED FOOD HANDLER:</b> SHERRIE MARTIN	<b>EXP DATE:</b> 11/20/2014	<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 stocked with soap and paper towels.

QAC sanitizer bucket was noted at 200 ppm.

Reach-in refrigerator was noted at 40°F.

Observed all food preparers wearing hairnets and disposable gloves.

Facility is in good operating condition.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after):           N/A          

Potential Food Safety All Star:

*Sherrie Martin*

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

*Susan Lee-Yang - REHS*

Agency Representative

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