



**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/ehs

**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> AVENAL NUTRITION CENTER	<b>BUSINESS PHONE:</b> (559) 386-5861	<b>RECORD ID#:</b> PR0003562	<b>DATE:</b> August 01, 2019
<b>FACILITY SITE ADDRESS:</b> 108 W KINGS ST	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KINGS COUNTY COMMISSION ON AGING	<b>CERTIFIED FOOD MANAGER:</b> BOBBIE WARTSON	<b>EXP DATE:</b> 8/12/2015	<b>INSPECTOR:</b> Rumi Chhina

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:**

- Conducted a routine inspection of this facility and noted the following:
- Today's Menu is: Chicken tacos, Lettuce tomato onion cheddar cheese, Refried beans, spanish brown rice, salsa. The food was prepared in Hanford community hospital Kitchen.
  - The temperature of the foods in the warmer were noted at or above 135F.
  - Temperature logs were available on site.
  - The temperature of the foods in cold holding units were noted at or below 41F.
  - Digital thermometer was available on site.
  - Hand washing station was fully stocked with soap, paper towels and hot water available.

<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> _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

*Joe Henriquez*  
 \_\_\_\_\_  
 Received By:

*Rumi Chhina*  
 \_\_\_\_\_  
 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> AVENAL NUTRITION CENTER	<b>BUSINESS PHONE:</b> (559) 386-5861	<b>RECORD ID#:</b> PR0003562	<b>DATE:</b> July 11, 2018
<b>FACILITY SITE ADDRESS:</b> 108 W KINGS ST	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KINGS COUNTY COMMISSION ON AGING	<b>CERTIFIED FOOD MANAGER:</b> Joe Hinojosa	<b>EXP DATE:</b> 7/12/2020	<b>INSPECTOR:</b> Abel Simon - 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 MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Observed the ice machine to have a slime build up inside the lip of the ice maker. Please be sure to discard ice and wipe down the lip of the unit. Please be sure to keep up with regular housekeeping of this unit.

**General Comments:**

The hand wash sink was observed to be fully stocked.

The temperature of the food that was in a hot holding box was noted to be above 135°F.

The food served today was hamburgers, salad, and prepackaged snacks. The food is brought from Adventist Center in Hanford.

The temperature of the refrigerator was noted to be at 41°F.

The restroom was noted to be stocked.

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:

Abel Simon - REHS

Received By:

Agency Representative

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**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> AVENAL NUTRITION CENTER	<b>BUSINESS PHONE:</b> (559) 386-5861	<b>RECORD ID#:</b> PR0003562	<b>DATE:</b> December 08, 2017
<b>FACILITY SITE ADDRESS:</b> 108 W KINGS ST	<b>CITY:</b> AVENAL	<b>ZIP CODE:</b> 93204	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> KINGS COUNTY COMMISSION ON AGING	<b>CERTIFIED FOOD MANAGER:</b> Joe Hinojosa	<b>EXP DATE:</b> 7/12/2020	<b>INSPECTOR:</b> Abel Simon - 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:**

The hand wash sink was fully stocked.

The temperature of the cold holding unit was noted to be at 41°F.

Restrooms were observed to be fully stocked.

Kitchen was observed to be very well maintained.

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:

*Joe Hinojosa*

*Abel Simon - REHS*

Received By:

Agency Representative

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