

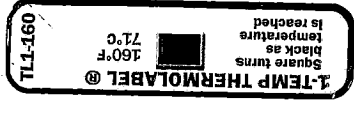
State of Ohio
Food Inspection Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

| | | | |
|--|---|-------------------------------|--|
| Name of facility <i>The Brethren Home</i> | Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number <i>1157</i> | Date <i>11/8/18</i> |
| Address <i>750 Chestnut St.</i> | City/Zip Code <i>Greenville / 45331</i> | | |
| License holder <i>John Warner</i> | Inspection Time | Travel Time | Category/Descriptive <i>C4S</i> |
| Type of Inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation | | Follow up date (if required) | Water sample date/result (if required) |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

| Compliance Status | | Compliance Status | |
|---|---|--|---|
| Supervision | | Time/Temperature Controlled for Safety Food (TCS food) | |
| 1 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties | 23 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition |
| 2 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager | 24 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records |
| Employee Health | | Consumer Advisory | |
| 3 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employee; knowledge, responsibilities and reporting | 25 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods |
| 4 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion | Highly Susceptible Populations | |
| 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events | 26 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered |
| Good Hygienic Practices | | Chemical | |
| 6 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use | 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Food additives: approved and properly used |
| 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth | 28 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used |
| Preventing Contamination by Hands | | Conformance with Approved Procedures | |
| 8 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed | 29 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan |
| 9 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed | 30 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production |
| 10 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible | 31 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers |
| Approved Source | | 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing |
| 11 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source | 33 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Bulk Water Machine Criteria |
| 12 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Food received at proper temperature | 34 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Acidified White Rice Preparation Criteria |
| 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated | 35 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Critical Control Point Inspection |
| 14 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: shellstock tags, parasite destruction | 36 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Process Review |
| Protection from Contamination | | 37 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance |
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected | Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness. | |
| 16 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned and sanitized | Public health interventions are control measures to prevent foodborne illness or injury. | |
| 17 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food | | |
| Time/Temperature Controlled for Safety Food (TCS food) | | | |
| 18 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures | | |
| 19 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding | | |
| 20 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures | | |
| 21 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures | | |
| 22 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures | | |



State of Ohio Food Inspection Report

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| | | |
|--|---------------------------------------|------------------------|
| Name of Facility <i>The Brethren Home</i> | Type of Inspection <i>Standard</i> | Date <i>11/8/18</i> |
|--|---------------------------------------|------------------------|

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

| Safe Food and Water | | Utensils, Equipment and Vending | |
|----------------------------------|---|---------------------------------|--|
| 38 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 54 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT |
| | Pasteurized eggs used where required | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |
| 39 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 55 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| | Water and ice from approved source | | Warewashing facilities: installed, maintained, used; test strips |
| Food Temperature Control | | Physical Facilities | |
| 40 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 56 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT |
| | Proper cooling methods used; adequate equipment for temperature control | | Nonfood-contact surfaces clean |
| 41 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 57 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| | Plant food properly cooked for hot holding | | Hot and cold water available; adequate pressure |
| 42 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 58 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| | Approved thawing methods used | | Plumbing installed; proper backflow devices |
| 43 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 59 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| | Thermometers provided and accurate | | Sewage and waste water properly disposed |
| Food Identification | | Administrative | |
| 44 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | 60 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| | Food properly labeled; original container | | Toilet facilities: properly constructed, supplied, cleaned |
| Prevention of Food Contamination | | 61 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 45 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | | Garbage/refuse properly disposed; facilities maintained |
| | Insects, rodents, and animals not present/outer openings protected | 62 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| 46 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | | Physical facilities installed, maintained, and clean |
| | Contamination prevented during food preparation, storage & display | 63 | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| 47 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | | Adequate ventilation and lighting; designated areas used |
| | Personal cleanliness | 64 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 48 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | Existing Equipment and Facilities |
| | Wiping cloths: properly used and stored | | |
| 49 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| | Washing fruits and vegetables | 65 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Proper Use of Utensils | | | 901:3-4 OAC |
| 50 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 66 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| | In-use utensils: properly stored | | 3701-21 OAC |
| 51 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | | |
| | Utensils, equipment and linens: properly stored, dried, handled | | |
| 52 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | | |
| | Single-use/single-service articles: properly stored, used | | |
| 53 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| | Slash-resistant and cloth glove use | | |

Observations and Corrective Actions

Mark "X" in appropriate box for COS and R. COS=corrected on-site during inspection. R=repeat violation

| Item No. | Code Section | Priority Level | Comment | COS | R |
|--------------|--------------|----------------|---|-------------------------------------|--------------------------|
| <i>35/21</i> | <i>3.4F</i> | <i>C</i> | <i>observed salmon patties holding at 95°F on steam table in cafeteria area. Patties were removed to be reheated to 165°F</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>35/16</i> | <i>4.5A</i> | <i>NC</i> | <i>observed a build up of residue on the seals of the 3 door Hobart freezer unit to the left of the ice cream cooler unit cleaned at time of inspection.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>35/44</i> | <i>3.5C</i> | <i>C</i> | <i>observed cobbler & cake packaged for self service without a label. Discussed label shall be provided & include: common name of product, list of ingredients, accurate declaration of the quantity of contents, name & place of the manufacturer, packer or distributor, & name of each major food allergen if not listed in ingredients. Items pulled.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|---|---------------------------------|
| Person in Charge <i>Julia Cook CDM-CFP</i> | Date: <i>11/8/18</i> |
| Sanitarian <i>Megan Keller</i> | Licensor: <i>Darke Co HD</i> |

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

| | | |
|--|---------------------------------------|------------------------|
| Name of Facility <i>The Brethren Home</i> | Type of Inspection <i>Standard</i> | Date <i>11/8/18</i> |
|--|---------------------------------------|------------------------|

Observations and Corrective Actions (continued)
Mark 'X' in appropriate box for COS and R. COS=corrected on-site during inspection. R=repeat violation

| Item No. | Code Section | Priority Level | Comment | COS | R |
|--------------|--------------|----------------|--|-------------------------------------|--------------------------|
| <i>35/23</i> | <i>3.4H</i> | <i>C</i> | <i>Observed cold meat with expiration dates of 11/7/18 & hotdogs with expiration of 11/10/18. PIC stated the prep unit in grill line has not been opened for the day. PIC discarded product. We discussed all lines that have food shall have 7 day discard date if used longer than 24 hours & discarded after 7th day to limit growth.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>63</i> | <i>6.1I</i> | <i>NC</i> | <i>Observed light bulb missing shield in basement walk-in freezer PIC placed work order at time of inspection. Thanks</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>62</i> | <i>6.1</i> | <i>NC</i> | <i>Observed the concrete seal coming up the floor in dishmachine area. Work order placed by PIC at time of inspection for repair. Thanks</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | <i>*Critical Control Point*</i> | | |
| <i>35/23</i> | <i>3.4H</i> | <i>C</i> | <i>cold meat and hotdogs were out of date in prep unit in grill line. Items discarded.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>32/21</i> | <i>3.4F</i> | <i>C</i> | <i>Salmon patties in cafeteria steam table tempered at 95F. Patties removed to be reheated to 165F.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>35/44</i> | <i>3.5C</i> | <i>C</i> | <i>Observed cobbler & cake without a label on package in cafeteria area. Items pulled & discarded. Some placed in employee cooler so item is no longer self service</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | |
|--|----------------------------------|
| Person in Charge: <i>Julia Cook CDH-CFP</i> | Date: <i>11/8/18</i> |
| Sanitarian: <i>Megan Kellen</i> | Licenser: <i>Duke Co #110</i> |

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL