

Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility Rest Haven Operations, LLC		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 1127	Date 12/3/19
Address 1096 N Ohio Street		City/Zip Code Greenville / 45331		
License holder Rest Haven Operations, LLC Vancrest Operations		Inspection Time 60	Travel Time 10	Category/Descriptive C45
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 checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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 checked="" type="checkbox"/> IN <input 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	<p>Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned and sanitized		
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Proper cooking time and temperatures		
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Proper reheating procedures for hot holding		
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Proper cooling time and temperatures		
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Rest Haven Operations, LLC</i>	Type of Inspection <i>Standard</i>	Date <i>12/3/19</i>
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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	Pasturized eggs used where required	54 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips	
Food Temperature Control		Physical Facilities		
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Nonfood-contact surfaces clean	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 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	Approved thawing methods used	58 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Plumbing installed; proper backflow devices	
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed	
Food Identification		60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned	61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	62 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Physical facilities installed, maintained, and clean	
Prevention of Food Contamination		63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used	64 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	Administrative	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 1-TEMP THERMOLABEL ® Square turns black as temperature is reached 160°F / 71°C TL4-160 </div>
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness	66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored		
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables		
Proper Use of Utensils				
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored		
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
54	4.4A	NC	Observed duct tape repairing digital display on steamer, cook / prep area. Discussed all equipment shall be maintained in a state of good repair. Please have maintenance address issue.	<input type="checkbox"/>	<input type="checkbox"/>
58	5.1D	C	Observed vegetable prep sink with no air gap. Facility changed hands and sink should be air gapped. Discussed issue with maintenance and Dietician.	<input type="checkbox"/>	<input type="checkbox"/>
			CRITICAL CONTROL POINT INSPECTION CONDUCTED: VERY CLEAN and GOOD PERSONAL HYGIENE and PIC KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>James Moore, DTR</i>	Date: <i>12/3/2019</i>
Sanitarian <i>[Signature]</i>	Licensors: <i>DCHAD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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

Name of Facility <i>Rest Haven Operations, LLC</i>	Type of Inspection <i>Consultation</i>	Date <i>12/3/19</i>
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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
			Standard inspection performed on 12/3/19.	<input type="checkbox"/>	<input type="checkbox"/>
			Observed license holder on food license to be different from previous licensing year. (Was not caught on previous standard performed 7/1/19.	<input type="checkbox"/>	<input type="checkbox"/>
			No documentation on file for plan review or change of ownership completed to fill missing loopholes / gaps of how owned.	<input type="checkbox"/>	<input type="checkbox"/>
			Observed prep sink without appropriate air gap. Discussed prep sink should have been equipped w/ an appropriate air gap when facility changed hands from Kelly McLearty to Vanerest Operations. Somehow this was overlooked and new license w/ different license holder was issued without documentation of this change.	<input type="checkbox"/>	<input type="checkbox"/>
			Meeting with Director of Dietary Operations and Director of Rest Haven Maintenance regarding this concern. Discussed necessary air gap and broken floor tiles / holes in walls to ensure physical facilities are smooth and easily cleanable and in good repair. Prep sink pipe can just be trimmed such that it is above flood rim level of Funnel to floor drain.	<input type="checkbox"/>	<input type="checkbox"/>
			Since changes are not EXTENSIVE enough to require plan review, please call and schedule inspection to check on these changes upon completion.	<input type="checkbox"/>	<input type="checkbox"/>
			Questions:	<input type="checkbox"/>	<input type="checkbox"/>
			(Owner Super 937 548 4196 (x 225))	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Jamie M. [Signature] DTR</i>	Date: <i>12/3/2019</i>
Sanitarian: <i>[Signature]</i>	Licensors: <i>DCHD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL