## **State of Ohio**

## **Standard Inspection Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility		Check one Li	cense numbe	or	Date	
	Monilles Health Care Center		1174		12.28.16	
200 Marker St Vers	sailles	Ca	ategory/Descr	riptive		
License holder	on no	Inspection time (min) Tra	avel time (mir	n)	Other	
Versailles Health Care		mapedion time (min)	, maver time (mm)		Culor	
Type of visit (check)		Fo	ollow-up date	(if required)	Sample date/result (if required)	
Standard		fv				
	E Carol opcor	• • • • • • • • • • • • • • • • • • • •			1	
3717-1 OAC Violation Checked Management and Personnel			Poisonou	s or Toxic Ma	iterials	
2.1 Employee health	4.4 Maintenance and ope	eration	7.0 Labeling and identification			
2.2 Personal cleanliness	4.5 Cleaning of equipmen	t and utensils	7.1	Operational sup	oplies and applications	
2.3 Hygienic practices	4.6 Sanitizing of equipme	nt and utensils	7.2	Storage and dis	splay separation	
2.4 Supervision	4.7 Laundering					
Food	4.8 Protection of clean ite	ems	Special Requirements			
3.0 Safe, unadulterated and honestly presented	L			Fresh juice prod		
	Water, Plumbing, and Waste				dispensing freezers	
3.1 Sources, specifications and original containers	5.0 Water		8.2	Custom process	sing	
3.2 Protection from contamination after receiving	5.1 Plumbing system		8.3	Bulk water mac	hine criteria	
3.3 Destruction of organisms	5.2 Mobile water tanks		8.4	Acidified white	rice preparation criteria	
3.4 Limitation of growth of organisms	5.3 Sewage, other liquid		9.0	Facility layout a	nd equipment specifications	
3.5 Identity, presentation, on premises labeling	5.4 Refuse, recyclables, a	nd returnables	20	Existing facilitie	es and equipment	
3.6 Discarding or reconditioning unsafe, adulterated	Physical Facilities		Administr	entivo		
3.7 Special requirements for highly susceptible populations	6.0 Materials for construc	tion and ronair				
Equipment, Utensils, and Linens	6.1 Design, construction,			3-4 OAC		
4.0 Materials for construction and repair			3/01	1-21 OAC		
4.1 Design and construction	<del></del>					
4.2 Numbers and capacities	<u> </u>				•	
4.3 Location and installation	6.4 Maintenance and ope	Tation		150	)°F 65.6°C	
	~					
Violation(s)/Comment(s)						
O 11 ( )						
13.49) Observed chic	ken Sûvo da	Hed 12/21	10	7 de	por frice	
Unit and Cole Slav	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1	ated	12:6 in	
LIMIK in Diggies and	all to are	C de 0/201	Llan	alal.	14-1	
MAILIVI. DISCUSSED	an 10 Kit	20002 21Jai	<u> </u>	aute	marked	
with 7 days and consumed I discarded to by the 7th day.						
DIC o Had anduch			**************************************	h	, , , ,	
I FIG DUTTED PROJUCT	at time	OF INSPECTI	OM.	CORE	ected!	
'		* /		Name and Address of the Owner, or other Designation of the Owner, where the Owner, which is the Owner, where the Owner, which is the		
5 10 Nome and Lon Au	NA 0 10-11	1 000 01/ BACK	1.0 11	<i>-</i> ,	1/2/2012	
13.10) UNSTVELL TEE UY	<u>14 a 120m</u>	-50acm	IN 11	16 k	<1+01PV1	
LAMIN WINGLA SINKS	4 minding	h sinker	١٨٨. ،	10.31	120 11500	
THURLD VUSVI STITES	· Hanawas	NI DILIKO A	NWA	NOT	1)6. 1136(1	
For purposes other than handmashing						
To the second se	1 102.	WALKINDON STI	111			
Inspected by	ID O JOIT #	6				
Inspected by	R.S./SIT,#	MOCI Licenson	LID			
TUMU KUMMUNNUW   144027   1271						
Fleceived by Title Phone						
Hamy Edgety						
HEA 5302 2/12 Ohio Department of Health	Distribution: Top copyOp	erator, Bottom copy—Local	health depart	tment	12	
AGR 1268 2/12 Ohio Department of Agriculture					pgof	

## State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility  VEVSailles Health Care Center	Type of visit Standard	Date   28.16
Violation(s)/Comment(s)		
5.13) Observed the hand washing Si	ink in th	ie. Warez -
5.18) Observed the handwashing Si Washing area dripping. Discuss Shall be maintained in good re	sed the	Dlumbina
Shall he maintained in appd re	epain.	)
Notes. Discussed amployee health	n Policy	, body fluid
Notes. Discussed amployee health clean up kit 3 managers training	19. Docum	ents given.
		J
- Handwash signs given for er	noloyee	restroom.
		•
Inspected by R.S./SIT # License	or	
Received by Title	DUHU	hone
HEA 5351 2/12 Ohio Department of Health Distribution: Top copy—Operator, Bottom copy—AGR 1268 Cent. 2/12 Ohio Department of Agriculture	-Local health department	ng and of an

## **Critical Control Point Inspection**

Authority: Chapter 3717 Ohio Revised Code

Name of facility VEYSAILLES HEALTH CAVE	License number	Date 12.28-10
200 Marker St. Versailles	Category/Descriptive	
VPVSailles Heath) Cave	Inspection time (min)	Travel time (min)
Comments:		
111) Observed Ice 3 a DOWI soa	king in the ho	and washing
SINKS. DISCUSSED NANDWAS	hing sinks sho	ill not be
used for purposes other	than handu	pashing.
		J
VI) Observed chicken soup	dated 12/21	, cole slaw
dated 12/193 Kale dated		
Foods Shall be date marke	d with I day	sund
discarded I consumed by the PIC corrected at time of	he Inday.to	5 limit grow
PICEDITECTED at time of	t Inspection	•
New Control of the Co		* * * * * * * * * * * * * * * * * * *
Temperature I og	· · ·	

Food item	Indicate state food is in (receiving, storage, preparation,cooling, holding, reheating, etc.)	Temperature	Food item	(rec prep	ate state food is in eiving, storage, aration, cooling, ag, reheating, etc.)	Temperature
Chili Soup	Cold hold	25.E				
Sausage'	coldhold	38'F				
milk	l'old hold	39 F				
Salad	Cold hold	UIF				
Dannana Rudding	cold hold.	38 F				
Mar Slaw	molonoid	37'F				
-inspected by	tu	R.S./SIT# 104029	Licensor DCHD			
Received by Louis	4		Title		Phone	
					/	/

HEA (Rev. 5350 2/12) Ohio Dept. of Health