

**State of Ohio**  
**Standard Inspection Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <b>Versailles Health Care Center</b>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <b>1176</b>	Date <b>8/30/17</b>
Address <b>200 Marker Rd Versailles</b>	Category/Descriptive <b>C4S</b>		
License holder <b>Versailles Health Care</b>	Inspection time (min)	Travel time (min)	Other
Type of visit (check)			Follow-up date (if required)
<input checked="" type="checkbox"/> Standard	<input type="checkbox"/> Follow up	<input type="checkbox"/> Foodborne	<input type="checkbox"/> 30 day
<input type="checkbox"/> Complaint	<input type="checkbox"/> Prelicensing	<input type="checkbox"/> Consultation	<input type="checkbox"/> Other specify
			Sample date/result (if required)

**3717-1 OAC Violation Checked**

**Management and Personnel**

<input type="checkbox"/> 2.1	Employee health
<input type="checkbox"/> 2.2	Personal cleanliness
<input type="checkbox"/> 2.3	Hygienic practices
<input checked="" type="checkbox"/> 2.4	Supervision

**Food**

<input type="checkbox"/> 3.0	Safe, unadulterated and honestly presented
<input type="checkbox"/> 3.1	Sources, specifications and original containers
<input checked="" type="checkbox"/> 3.2	Protection from contamination after receiving
<input type="checkbox"/> 3.3	Destruction of organisms
<input checked="" type="checkbox"/> 3.4	Limitation of growth of organisms
<input checked="" type="checkbox"/> 3.5	Identity, presentation, on premises labeling
<input type="checkbox"/> 3.6	Discarding or reconditioning unsafe, adulterated
<input type="checkbox"/> 3.7	Special requirements for highly susceptible populations

**Equipment, Utensils, and Linens**

<input type="checkbox"/> 4.0	Materials for construction and repair
<input checked="" type="checkbox"/> 4.1	Design and construction
<input checked="" type="checkbox"/> 4.2	Numbers and capacities
<input type="checkbox"/> 4.3	Location and installation

<input type="checkbox"/> 4.4	Maintenance and operation
<input checked="" type="checkbox"/> 4.5	Cleaning of equipment and utensils
<input type="checkbox"/> 4.6	Sanitizing of equipment and utensils
<input type="checkbox"/> 4.7	Laundering
<input type="checkbox"/> 4.8	Protection of clean items

<b>Water, Plumbing, and Waste</b>	
<input type="checkbox"/> 5.0	Water
<input type="checkbox"/> 5.1	Plumbing system
<input type="checkbox"/> 5.2	Mobile water tanks
<input type="checkbox"/> 5.3	Sewage, other liquid waste and rainwater
<input checked="" type="checkbox"/> 5.4	Refuse, recyclables, and returnables

<b>Physical Facilities</b>	
<input type="checkbox"/> 6.0	Materials for construction and repair
<input type="checkbox"/> 6.1	Design, construction, and installation
<input type="checkbox"/> 6.2	Numbers and capacities
<input type="checkbox"/> 6.3	Location and placement
<input type="checkbox"/> 6.4	Maintenance and operation

**Poisonous or Toxic Materials**

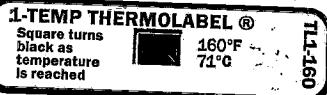
<input type="checkbox"/> 7.0	Labeling and identification
<input type="checkbox"/> 7.1	Operational supplies and applications
<input type="checkbox"/> 7.2	Storage and display separation

**Special Requirements**

<input type="checkbox"/> 8.0	Fresh juice production
<input type="checkbox"/> 8.1	Heat treatment dispensing freezers
<input type="checkbox"/> 8.2	Custom processing
<input type="checkbox"/> 8.3	Bulk water machine criteria
<input type="checkbox"/> 8.4	Acidified white rice preparation criteria
<input type="checkbox"/> 9.0	Facility layout and equipment specifications
<input type="checkbox"/> 20	Existing facilities and equipment

**Administrative**

<input type="checkbox"/> 901:3-4 OAC
<input type="checkbox"/> 3701-21 OAC



**Violation(s)/Comment(s)**

- 3.24) Observed a buildup of debris on the black fan in the dish area. Discussed to clean at a more frequent basis to prevent cross contamination.
- 3.4H) Observed choc. pudding dated 8/22. PIC voluntarily discarded product at time of inspection. Discussed all TCS RTE foods marked with a date that exceeds the temperature and time combination shall be discarded. CORRECTED!
- 2.4C) No employee health policy available at time of inspection.

Inspected by <i>Shane Schutte</i>	R.S./SIT # <b>164029</b>	Licensor <b>DCHIO</b>
Received by <i>Angela Q. Simpson</i>	Title <b>Dietary Mgr.</b>	Phone

**State of Ohio**  
**Continuation Report**

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8/30/17

Facility name

Versailles Health Care Center

Type of inspection

Standard

Violation(s)/Comment(s)

24C (cont) Discussed food and conditional employees are informed in a verifiable manner of their responsibility to report to the PIC information about their health as it relates to diseases that are transmissible through food. Document given at inspection.

4.2H) No thermo label test strips available at inspection. Discussed hot water dish machines have an irreversible registering temperature. ~~Coffee~~ <sup>Indicator</sup> shall be provided and readily accessible for measuring the utensil surface temperature. Facility was hand recording dish temp. 3 times a day.

4.1KK) Observed a household (white Sunbeam) toaster within the facility. Discussed food equipment that is acceptable for use. The FSO shall be approved by a recognized food equipment testing agency. PIC removed toaster from kitchen during inspection.

4G) Observed a buildup of debris on the pop nozzle on pop gun. Discussed food contact surfaces shall be cleaned on a more frequent basis to limit growth. Critical. PIC cleaned nozzle at time of inspection.

Inspected by

Julia Schuterman

R.S./SIT #

164029

Licensor

DCHD

Received by

Chad A. Sonstrom

Title

Dist. Mgr.

Phone

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**Violation(s)/Comment(s)**

5.4) Observed cardboard receptacle without tight fitting doors. Discussed storage receptacles shall be maintained in good repair so receptacle is constructed to have tight fitting lids, doors or covers.

**Notes:**

ServSafe cert. available the Health Dept will send the facility the reciprocity form so ODH cert can be acquired.

Education Sheets given during inspection.

Tri Star Pressure Cleaner 7/20/17 - Ansul system

Inspected by	R.S./SIT #	Licensor
Karen Schutte	164029	DOHID
Received by	Title	Phone
David J. Springer	Dietary Manager	

# Critical Control Point Inspection

Authority: Chapter 3717 Ohio Revised Code

Name of facility <b>Versailles Health Care Center</b>	License number <b>1174</b>	Date <b>8/30/17</b>
Address <b>200 Marker Rd Versailles</b>	Category/Descriptive <b>C4S</b>	
License holder <b>Versailles Health Care</b>	Inspection time (min)	Travel time (min)
<b>Comments:</b>		
<p><b>VI) Observed choc. pudding dated 8/22. Discussed all TCS RTE foods shall be dated for 7 days and discarded by the 7<sup>th</sup> day. PLC discarded product at time of inspection.</b></p>		
<p><b>VII) Observed a build up on pop nozzles on the pop gun. Discussed to clean as often as necessary to keep it clean.</b></p>		

## Temperature Log

Food item	Indicate state food is in (receiving, storage, preparation,cooling, holding, reheating, etc.)	Temperature	Food item	Indicate state food is in (receiving, storage, preparation,cooling, holding, reheating, etc.)	Temperature
Milk	cold hold	38°F			
Pork loin	prepping	67°F			
pork loin	hot hold	180°F			
Cole slaw	cold hold	41°F			
Chicken salad	cold hold	34°F			
Hamburgers	cooked	167°F			
Inspected by <i>Laura Schuterman</i>	R.S./SIT# 164029	Licensor <i>DCHD</i>			
Received by <i>Angela D. Simpson</i>	Title <i>Dietary Mgr.</i>	Phone			