

State of Ohio
Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Brookdale Senior Living</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <i>1197</i>	Date <i>3-19-18</i>
Address <i>1401 N Broadway, Greenville</i>	Category/Descriptive <i>C45</i>		
License holder <i>Brookdale Senior Living</i>	Inspection time (min)	Travel time (min)	Other
Type of visit (check) <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 <i>specify</i>	Follow-up date (if required)		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 type="checkbox"/> 3.2 Protection from contamination after receiving
<input type="checkbox"/> 3.3 Destruction of organisms
<input type="checkbox"/> 3.4 Limitation of growth of organisms
<input 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 type="checkbox"/> 4.1 Design and construction
<input type="checkbox"/> 4.2 Numbers and capacities
<input type="checkbox"/> 4.3 Location and installation

<input type="checkbox"/> 4.4 Maintenance and operation
<input 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

Water, Plumbing, and Waste

<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 type="checkbox"/> 5.4 Refuse, recyclables, and returnables

Physical Facilities

<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

* Dishmachine strip tested during inspection by facility Wash 162°F & final rinse 183°F.

Violation(s)/Comment(s)

(4.5) Observed a build up of debris on bottom of cereal cart & refrigeration units. Discussed non-food contact surfaces of equipment shall be kept free of encrusted grease deposits & other soil accumulations. Please clean.

(2.4) No cleaning procedures available. Discussed a food service operation shall have written procedures for employees to follow in response to vomiting or diarrheal accidents that involve discharge onto surfaces in operation. Please obtain example available @ www.darkecountyphealth.org.

Inspected by <i>Megan Kellew</i>	R.S./SIT # <i>143136</i>	Licenser <i>Darke (D FA)</i>
Received by <i>Wheresa Sanders</i>	Title <i>DSC</i>	Phone

Critical Control Point Inspection

Authority: Chapter 3717 Ohio Revised Code

Name of facility <i>Brookdale Senior Living</i>	License number <i>1197</i>	Date <i>3-19-18</i>
Address <i>1401 N. Broadway, Greenville</i>	Category/Descriptive <i>C4S</i>	
License holder <i>Brookdale Senior Living</i>	Inspection time (min)	Travel time (min)

Comments:

Discussed to obtain cleaning procedures for bodily fluid accidents.

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
<i>chicken salad</i>	<i>Cold Hold</i>	<i>39°F</i>			
<i>turkey</i>	<i>Cold Hold</i>	<i>40°F</i>			
<i>meat loaf</i>	<i>Cold Hold</i>	<i>38°F</i>			
<i>cheesy potatoes</i>	<i>Cold Hold</i>	<i>38°F</i>			
<i>green beans</i>	<i>Cold Hold</i>	<i>39°F</i>			
<i>1 egg</i>	<i>Cold Hold</i>	<i>37°F</i>			
<i>milk</i>	<i>Cold Hold</i>	<i>38°F</i>			
Inspected by <i>Megan Keller</i>	R.S./SH# <i>145136</i>	License# <i>10000</i>	Title <i>DSC</i>		
Received by <i>Theresa Randall</i>	Title <i>DSC</i>		Phone		