

Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility Village Green Healthcare Center		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number 150	Date 1.5.18
Address 1315 Kitchen Aid Way Greenville		Category/Descriptive C45		
License holder Trilogy Health Service LLC		Inspection time (min)	Travel time (min)	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Complaint		<input type="checkbox"/> Follow up <input type="checkbox"/> Prelicensing	<input type="checkbox"/> Foodborne <input type="checkbox"/> Consultation	<input type="checkbox"/> 30 day <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

<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

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

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 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

Water, Plumbing, and Waste

<input type="checkbox"/>	5.0 Water
<input checked="" 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

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

Physical Facilities

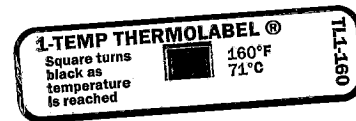
<input type="checkbox"/>	6.0 Materials for construction and repair
<input type="checkbox"/>	6.1 Design, construction, and installation
<input type="checkbox"/>	6.2 Numbers and capacities
<input type="checkbox"/>	6.3 Location and placement
<input type="checkbox"/>	6.4 Maintenance and operation

Administrative

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

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



Violation(s)/Comment(s)

3.2M) Observed wiping cloth sitting on the counter. Discussed cloths shall be held between uses in a chemical sanitizer solution. Corrected at time of inspection

3.4H) Observed sauerkraut dated 1/1/18. PIC voluntarily discarded item at time of inspection. Discussed all RTE foods shall be discarded by the 7th day to limit growth. Critical.

5.10) Observed food debris in the hand sink next to

Inspected by <i>[Signature]</i>	R.S./SJT # 164029	Licenser DCHD
Received by <i>[Signature]</i>	Title	Phone

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility Village Green Healthcare Center	Type of visit Standard	Date 1.5.18
---	---------------------------	----------------

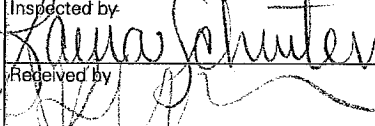
Violation(s)/Comment(s)

5.10(cont) fryer Discussed a handwashing sink may not be used for purposes other than handwashing. Critical.

2.4C.) Current employee health policy includes the 5 symptoms and 1 illness. Discussed to have all 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. Example document will be emailed later today.

Notes: Please email ODH@beh.odh.ohio.gov to obtain the Ohio certificate.

- Will follow up with 7-8 day date marking.

Inspected by Laura Schuterman	R.S./SIT # 164029	Licenser DCHD
Received by 	Title	Phone

Critical Control Point Inspection

Authority: Chapter 3717 Ohio Revised Code

Name of facility Village Green Healthcare Center	License number 150	Date 1-5-18
Address 1315 Kitchen Aid Way, Greenville	Category/Descriptive C4S	
License holder Trilogy Health Service LLC	Inspection time (min)	Travel time (min)
Comments:		
<p>vi) Observed Sauerkraut dated 1/1/18. PIC discarded at time of inspection. Discussed all TCS RTE foods shall be discarded by the 7th day to limit growth.</p> <p>iii) Observed debris in the hand sink next to fryer. Discussed a handwashing sink may not be used used for purposes other than handwashing.</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
Roast beef	COOKING	204 F			
Vegete soup	COOKING	135 F			
tomatoes	Cold hold	38 F			
mac & cheese	hot hold	147 F			
Chicken dumpling	not hold	187 F			
Inspected by <i>[Signature]</i>		Reg./SIT# 164129	License# DCHO		
Received by <i>[Signature]</i>		Title	Phone		