

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

Name of facility <i>Versailles Rehabilitation & Healthcare Center</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>247</i>	Date <i>4/4/19</i>
Address <i>200 Marker Rd.</i>	City/Zip Code <i>Versailles / 45380</i>		
License holder <i>Crown Healthcare Group</i>	Inspection Time <i>90</i>	Travel Time <i>40</i>	Category/Descriptive <i>C45</i>
Type of Inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow up <input checked="" type="checkbox"/> Foodborne <input checked="" 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/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 type="checkbox"/> N/A <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 type="checkbox"/> N/A <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 type="checkbox"/> N/A <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 type="checkbox"/> N/A <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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> N/A <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/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 type="checkbox"/> N/A <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 type="checkbox"/> N/A <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 type="checkbox"/> N/A <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/A <input type="checkbox"/> N/O Food obtained from approved source	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <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/A <input type="checkbox"/> N/O Food received at proper temperature	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <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 <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A Critical Control Point Inspection
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <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 type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A Process Review
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <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/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/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned and sanitized		
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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/A <input 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/A <input 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/A <input type="checkbox"/> N/O Proper cooling time and temperatures		
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures		
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures		

Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility

Versailles Rehabilitation & Healthcare Center

Type of Inspection

30 day / Standard

Date

4/4/2019

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

38 ☐ IN ☐ OUT ☐ N/A ☒ N/O Pasteurized eggs used where required39 ☒ IN ☐ OUT Water and ice from approved source

Food Temperature Control

40 ☒ IN ☐ OUT ☐ N/A ☐ N/O Proper cooling methods used; adequate equipment for temperature control41 ☒ IN ☐ OUT ☐ N/A ☐ N/O Plant food properly cooked for hot holding42 ☒ IN ☐ OUT ☐ N/A ☐ N/O Approved thawing methods used43 ☒ IN ☐ OUT ☐ N/A Thermometers provided and accurate

Food Identification

44 ☒ IN ☐ OUT Food properly labeled; original container

Prevention of Food Contamination

45 ☒ IN ☐ OUT Insects, rodents, and animals not present/outer openings protected46 ☒ IN ☐ OUT Contamination prevented during food preparation, storage & display47 ☒ IN ☐ OUT Personal cleanliness48 ☒ IN ☐ OUT ☐ N/A ☐ N/O Wiping cloths: properly used and stored49 ☐ IN ☐ OUT ☐ N/A ☒ N/O Washing fruits and vegetables

Proper Use of Utensils

50 ☒ IN ☐ OUT ☐ N/A ☐ N/O In-use utensils: properly stored51 ☒ IN ☐ OUT ☐ N/A Utensils, equipment and linens: properly stored, dried, handled52 ☒ IN ☐ OUT ☐ N/A Single-use/single-service articles: properly stored, used53 ☐ IN ☐ OUT ☒ N/A ☐ N/O Slash-resistant and cloth glove use

Utensils, Equipment and Vending

54 ☒ IN ☐ OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used55 ☒ IN ☐ OUT ☐ N/A Warewashing facilities: installed, maintained, used; test strips56 ☒ IN ☐ OUT Nonfood-contact surfaces clean

Physical Facilities

57 ☒ IN ☐ OUT ☐ N/A Hot and cold water available; adequate pressure58 ☒ IN ☐ OUT ☐ N/A Plumbing installed; proper backflow devices59 ☒ IN ☐ OUT ☐ N/A Sewage and waste water properly disposed60 ☒ IN ☐ OUT ☐ N/A Toilet facilities: properly constructed, supplied, cleaned61 ☒ IN ☐ OUT ☐ N/A Garbage/refuse properly disposed; facilities maintained62 ☒ IN ☐ OUT Physical facilities installed, maintained, and clean63 ☒ IN ☐ OUT Adequate ventilation and lighting; designated areas used64 ☒ IN ☐ OUT ☐ N/A Existing Equipment and Facilities

Administrative

65 ☐ IN ☐ OUT ☒ N/A 901:3-4 OAC66 ☒ IN ☐ OUT ☐ N/A 3701-21 OAC

ECOLAB

When indicator turns black
stated temperature has
been achieved160°F
71°C

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
			Satisfactory at the time of inspection	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
35			<u>CRITICAL CONTROL POINT</u>	<input type="checkbox"/>	<input type="checkbox"/>
			<u>POSITIVE: Time/Temperature Controlled For Safety</u>	<input type="checkbox"/>	<input type="checkbox"/>
			All hot holding foods above 135 °F	<input type="checkbox"/>	<input type="checkbox"/>
			Fried Chicken (163°F), mashed potatoes (171°F),	<input type="checkbox"/>	<input type="checkbox"/>
			Lima Beans (183°F)	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge

[Signature]

Date:

4-4-19

Sanitarian

[Signature]

Licensor:

[Signature]

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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