

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

| | | | |
|---|---|-------------------------------|--|
| Name of facility Union City Care Center | Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number 1029 | Date 11-19-20 |
| Address 907 E Central St | City/State/Zip Code Union City, OH 43390 | | |
| License holder Jane HATH care | Inspection Time 6:00 | Travel Time 20 | Category/Descriptive C45 |
| Type of Inspection (check all that apply) <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input 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/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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 employees; knowledge, responsibilities and reporting | 25 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed | 30 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers |
| Approved Source | | 32 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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/O Food obtained from approved source | 33 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Bulk Water Machine Criteria |
| 12 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature | 34 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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/O Food in good condition, safe, and unadulterated | 35 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Critical Control Point Inspection |
| 14 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: shellstock tags, parasite destruction | 36 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Process Review |
| Protection from Contamination | | 37 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Variance |
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected | Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness. Public health interventions are control measures to prevent foodborne illness or injury. | |
| 16 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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/O Proper disposition of returned, previously served, reconditioned, and unsafe food | | |
| Time/Temperature Controlled for Safety Food (TCS food) | | | |
| 18 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures | | |
| 19 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding | | |
| 20 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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/O Proper hot holding temperatures | | |
| 22 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures | | |

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| | | |
|---|---|-------------------------|
| Name of Facility <i>Union City Care Center</i> | Type of Inspection <i>Standard/CCP</i> | Date <i>11-19-24</i> |
|---|---|-------------------------|

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 | | Utensils, Equipment and Vending | | | |
|----------------------------------|---|---|--|--|---|
| 38 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Pasteurized eggs used where required | 54 | <input type="checkbox"/> IN <input type="checkbox"/> OUT | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |
| 39 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Water and ice from approved source | 55 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Warewashing facilities: installed, maintained, used; test strips |
| Food Temperature Control | | Physical Facilities | | | |
| 40 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper cooling methods used; adequate equipment for temperature control | 56 | <input type="checkbox"/> IN <input type="checkbox"/> OUT | Nonfood-contact surfaces clean |
| 41 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Plant food properly cooked for hot holding | 57 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Hot and cold water available; adequate pressure |
| 42 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Approved thawing methods used | 58 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Plumbing installed; proper backflow devices |
| 43 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Thermometers provided and accurate | 59 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Sewage and waste water properly disposed |
| Food Identification | | 60 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Toilet facilities: properly constructed, supplied, cleaned | |
| 44 | <input type="checkbox"/> IN <input type="checkbox"/> OUT | Food properly labeled; original container | 61 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Garbage/refuse properly disposed; facilities maintained |
| Prevention of Food Contamination | | 62 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas | |
| 45 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Insects, rodents, and animals not present/outer openings protected | 63 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Adequate ventilation and lighting; designated areas used |
| 46 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | Contamination prevented during food preparation, storage & display | 64 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Existing Equipment and Facilities |
| 47 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Personal cleanliness | Administrative | | |
| 48 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Wiping cloths: properly used and stored | 65 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 901:3-4 OAC |
| 49 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Washing fruits and vegetables | 66 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 3701-21 OAC |
| Proper Use of Utensils | | | | | |
| 50 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | In-use utensils: properly stored | | | |
| 51 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Utensils, equipment and linens: properly stored, dried, handled | | | |
| 52 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Single-use/single-service articles: properly stored, used | | | |
| 53 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Slash-resistant, cloth, and latex glove use | | | |

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 |
|---|--------------|----------------|--|-------------------------------------|--------------------------|
| 46 | 3.2.2 | NC | observed food stored on floor in walk-in freezer. | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 | 4.4.2.1 | NC | observed cups & bowls stored on floor in garage area. observed plates face up. | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 | 4.4.2.1 | NC | observed clean utensils face up. all cleaned | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| CRITICAL CONTROL POINT | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| no critical violations @ time of inspection | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| - please remove any unnecessary equipment | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| NOTE: since food products are stored in garage area please do not smoke in there. Thank you | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|---|----------------------------|
| Person in Charge <i>[Signature]</i> | Date: <i>11/18/2024</i> |
| Environmental Health Specialist <i>[Signature]</i> | Licenser: <i>DCHD</i> |

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL

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