County of Kings - Department of Public Health
Environmental Health Serivces Division
330 Campus Drive Hanford, CA 93230
Phone - 559-584-1411 Fax - 559-584-6040
Internet - www.countyofkings.com/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:
HACIENDA HEALTH CARE CENTER INC.	(559) 582-9221	PR0007114	October 12, 2016
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
361 E GRANGEVILLE BLVD	HANFORD	93230	ROUTINE INSPECTION
OWNER NAME:	**CERTIFIED FOOD MANAGER:**	**EXP DATE:**	**INSPECTOR:**
MR. AND MRS. ROBERT STOTTS	KATHLEEN PALOMINO	8/12/2020	Yatee Patel - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

Cold holding storage units were all under 41F.

Hot foods (Mash potatoes) were at 148F on the steam unit.

Recommend no food employees wearing wedding rings that prep food. Only plain wedding rings. Manager stated they wear gloves while prepping foods.

Sanitizer level was above 100ppm in automatic dish washer.

Facility looks in good condition.

Thank you

RESULTS OF EVALUATION: [X] **PASS** [ ] **NEEDS IMPROVEMENT** [ ] **FAIL**

Reinspection Required: **Yes:** [ ] **No:** [X]

Reinspection Date (on or after): **N/A**

[X] Potential Food Safety All Star:

Received By:

Yatee Patel - REHS
Agency Representative

NOTE: This report must be made available to the public on request

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:
HACIENDA HEALTH CARE CENTER INC.	(559) 582-9221	PR0007114	April 01, 2016
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
361 E GRANGEVILLE BLVD	HANFORD	93230	1ST FOLLOW UP INSPECTION
OWNER NAME:	**CERTIFIED FOOD HANDLER:**	**EXP DATE:**	**INSPECTOR:**
MR. AND MRS. ROBERT STOTTS	KATHLEEN PALOMINO	8/12/2020	Veronica Ochoa -REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

Today's re inspection revealed that the facility's sewage pipe that had ruptured on Monday March 28th has been repaired. As a result, the temporary piping to utilize the mechanical dishwasher has been removed and the kitchen area is now fully functional. The kitchen was observed free of debris. The hand wash staion was stocked with soap, paper towels, and hot water. Cold holding units storing potentially hazardous foods measured at or below 41F.

RESULTS OF EVALUATION: [X] **PASS** [ ] **NEEDS IMPROVEMENT** [ ] **FAIL**

Reinspection Required: **Yes:** [ ] **No:** [X]

Reinspection Date (on or after): **N/A**

[ ] Potential Food Safety All Star:

Received By:

Veronica Ochoa -REHS
Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:
HACIENDA HEALTH CARE CENTER INC.	(559) 582-9221	PR0007114	March 31, 2016
FACILITY SITE ADDRESS:	**CITY:**	**ZIP CODE:**	**INSPECTION TYPE:**
361 E GRANGEVILLE BLVD	HANFORD	93230	ROUTINE INSPECTION
OWNER NAME:	**CERTIFIED FOOD HANDLER:**	**EXP DATE:**	**INSPECTOR:**
MR. AND MRS. ROBERT STOTTS	KATHLEEN PALOMINO	8/12/2020	Liliana Stransky - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

During a routine inspection, it was reported that the sewer pipe in the breakroom next to the kitchen had ruptured on Monday morning, 3/28/16, and Value Plumbing was called out to make the repairs. The plumber set up a temporary connection from the dishwasher and dishwasher sink out to the parking lot to drain gray water into the storm drain. The facility continues to have hot water and cold water available, but the temporary set up to drain waste water is not an approved method of liquid waste disposal.

The operator was told to stop draining gray water to the storm drain and instead create a temporary connection to the floor sink next to the ice machine. This set up will be acceptable until the sewer line is fixed. Value Plumbing expects to complete repairs by no later than Friday, 4/1/16. A re-inspection will be conducted to verify repairs, please contact the Department when these are complete.

You must notify the Department at any time an emergency occurs which directly impacts your food service operations. In the future, consider implementing an emergency plan that includes installation of portable handwashing and warewashing stations as part of your response. Our Department is always available to provide guidance in the event of any emergency.

Thank you for your anticipated cooperation.

RESULTS OF EVALUATION: ☐ **PASS** ☐ **NEEDS IMPROVEMENT** ☒ **FAIL**

Reinspection Required: **Yes:** ☐ **No:** ☒

Reinspection Date (on or after): **N/A**

☐ Potential Food Safety All Star:

Received By:

Liliana Stransky - REHS
Agency Representative

NOTE: This report must be made available to the public on request