



County of Kings - Department of Public Health

Environmental Health Services 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: KINGS REHABILITATION CENTER	BUSINESS PHONE: (559) 582-9234	RECORD ID#: PR0006102	DATE: October 11, 2016
FACILITY SITE ADDRESS: 490 E HANFORD-ARMONA RD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KINGS REHABILITATION CENTER	CERTIFIED FOOD MANAGER: Sharon R Burns	EXP DATE: 11/7/2019	INSPECTOR: 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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The hood filters have accumulation of debris and grease. Please have these cleaned and maintain them clean at all times.

General Comments:

A routine inspection was conducted today.

The temperatures of the refrigeration units were noted below the 41F.

The hand washing station had soap, paper towels and hot water was also available.

Overall the facility was observed well maintained, with the exception of the hood filters.

Thank you!

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> Reinspection Date (on or after): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Received By:

Liliana Stransky - 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: KINGS REHABILITATION CENTER	BUSINESS PHONE: (559) 582-9234	RECORD ID#: PR0006102	DATE: April 06, 2016
FACILITY SITE ADDRESS: 490 E HANFORD-ARMONA RD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KINGS REHABILITATION CENTER	CERTIFIED FOOD HANDLER: Sharon R Burns	EXP DATE: 11/7/2019	INSPECTOR: 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 unit was at 42F. Please be sure units are at 41°F or lower. It was a busy time during the inspection, and the high temperature maybe due to frequent opening and closing of the door.

Beans are measured with thermometer before served. Be sure it holds a 135F at all times.

Hand washing was fully stocked.

The hood filters are in need of cleaning.

Thank you

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:

Yatee Patel - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: KINGS NURSING & REHABILITATION CENTER	BUSINESS PHONE: (559) 972-4413	RECORD ID#: PR0007115	DATE: January 16, 2015
FACILITY SITE ADDRESS: 851 LESLIE LN	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MARK A FISHER	CERTIFIED FOOD HANDLER: Jamie Nicholas	EXP DATE: 12/18/2018	INSPECTOR: Kimberly Schneider

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:

Hand wash station fully stocked with soap, paper towels and hot water.

Cold holding noted at 41° F and below.

Good employee hygiene hair in restraints and clean uniforms were worn.

Temperature logs up-to-date.

Excellent job maintaining clean food contact surfaces. Keep up the good work!

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:

Kimberly Schneider

Agency Representative

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