



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

<b>FACILITY NAME:</b> KINGS NURSING & REHABILITATION CENTER	<b>BUSINESS PHONE:</b> (559) 972-4413	<b>RECORD ID#:</b> PR0007115	<b>DATE:</b> January 25, 2017
<b>FACILITY SITE ADDRESS:</b> 851 LESLIE LN	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MARK A FISHER	<b>CERTIFIED FOOD MANAGER:</b> Robin Atsma	<b>EXP DATE:</b> 10/22/2017	<b>INSPECTOR:</b> 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:

Routine inspection results for the facility are as follows:

Observed the hand washing station with soap and paper towels. Observed proper hand washing procedures by employees.

The dishwasher had 100ppm chlorine sanitizer during the final rinse cycle, and the sanitizer buckets had 200ppm of ammonia.

All refrigeration temperatures were observed below 41F. Daily temperature logs are kept by the door of each refrigeration unit.

The steam table was observed holding at 198F. No food was hot held at the time of the inspection.

Employees wear hair restraints and gloves to conduct tasks in the kitchen.

Overall the facility was observed well maintained and organized.

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 checked="" type="checkbox"/> Potential Food Safety All Star:

*Robin Atsma*

Received By:

*Liliana Stransky - REHS*

Agency Representative

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



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<b>FACILITY SITE ADDRESS:</b> 851 LESLIE LN	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MARK A FISHER	<b>CERTIFIED FOOD MANAGER:</b> Robin Atsma	<b>EXP DATE:</b> 10/22/2017	<b>INSPECTOR:</b> Susan Lee-Yang - REHS

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Violation: None Noted

General Comments:

Hand wash station had hot water, soap and paper towels.

All cold holding units were noted below 41F.

Chlorine sanitizer for dishwasher was noted at 100 ppm.

Facility is clean and well maintained.

Observed temperature logs up-to-date.

Observed all kitchen workers wearing hair nets.

Facility is in good operating condition.

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

*Robin Atsma*

Received By:

Susan Lee-Yang - REHS

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