Food Establishment Inspection Report

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Local Health Department Name and Address Logan County Department of Public Health 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317			No. of Risk Factor/Intervention Violations		0	Date	12/11/2019
					0	Time In	10:25 AM
			No. of Depart Diels Footon/Interspeties Ministra				
Establishment	License/I	Permit #	No. of Repeat Risk Factor/Intervention Violations (0	Time Out	11:10 AM
H & J Vonderlieth Living Center	395		Permit Holder	Risk C	Risk Category		
Street Address			H & J Vonderlieth Trust		High/Class I		
1120 N. Topper Dr.			Purpose of Inspection				
City/State ZIP Co			Routine Inspection				
Mt. Pulaski, IL	62548	noutile inspection					

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

N=in compliance

OUT=not in compliance

N/O=not observed

N/A=not applicable

Mark "X" in appropriate box for COS and/or R

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

	606					
	COS=	corrected on-site during inspection R=repeat violatio	n			
Co	mpliance Status		cos	R		
		Supervision				
1	In	Person in charge present, demonstrates knowledge, and performs duties				
2	In	Certified Food Protection Manager (CFPM)				
		Employee Health				
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting				
4	In	Proper use of restriction and exclusion				
5	In	Procedures for responding to vomiting and diarrheal events				
		Good Hygienic Practices				
6	In	Proper eating, tasting, drinking, or tobacco use				
7	In	No discharge from eyes, nose, and mouth				
	Preventing Contamination by Hands					
8	In	Hands clean and properly washed				
9	In	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				
10	In	Adequate handwashing sinks properly supplied and accessible				
		Approved Source				
11	In	Food obtained from approved source				
12	N/O	Food received at proper temperature				
13	In	Food in good condition, safe, and unadulterated				
14	N/A	Required records available: shellstock tags, parasite destruction				
		GOOD	RET	VII		

Co	mpliance Status		cos	R		
Protection from Contamination						
15	In	Food separated and protected				
16	In	Food-contact surfaces; cleaned and sanitized				
17	In	Proper disposition of returned, previously served, reconditioned and unsafe food				
Time/Temperature Control for Safety						
18	In	Proper cooking time and temperatures				
19	N/O	Proper reheating procedures for hot holding				
20	N/O	Proper cooling time and temperature				
21	ln	Proper hot holding temperatures				
22	ln	Proper cold holding temperatures				
23	In	Proper date marking and disposition				
24	N/A	Time as a Public Health Control; procedures & records				
Consumer Advisory						
25	N/A	Consumer advisory provided for raw/undercooked food				
Highly Susceptible Populations						
26	ln	Pasteurized foods used; prohibited foods not offered				
Food/Color Additives and Toxic Substances						
27	ln	Food additives: approved and properly used				
28	ln	Toxic substances properly identified, stored, and used				
Conformance with Approved Procedures						
29	N/A	Compliance with variance/specialized process/HACCP				

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

COS R Safe Food and Water 30 Pasteurized eggs used where required 31 Water and ice from approved source 32 Variance obtained for specialized processing methods **Food Temperature Control** Proper cooling methods used; adequate equipment for temperature control Plant food properly cooked for hot holding Approved thawing methods used 36 Thermometers provided & accurate **Food Identification** Food properly labeled; original container **Prevention of Food Contamination** Insects, rodents, and animals not present 39 Contamination prevented during food preparation, storage and display

		COS	R		
	Proper Use of Utensils				
43	In-use utensils: properly stored				
44	Utensils, equipment & linens: properly stored, dried, & handled				
45	Single-use/single-service articles: properly stored and used				
46	Gloves used properly				
	Utensils, Equipment and Vending				
47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used				
48	Warewashing facilities: installed, maintained, & used; test strips				
49	Non-food contact surfaces clean				
	Physical Facilities				
50	Hot and cold water available; adequate pressure				
51	Plumbing installed; proper backflow devices				
52	Sewage and waste water properly disposed				
53	Toilet facilities: properly constructed, supplied, & cleaned				
54	Garbage & refuse properly disposed; facilities maintained				
55	Physical facilities installed, maintained, and clean				
56	Adequate ventilation and lighting; designated areas used				
	Employee Training				
57	All food employees have food handler training				
58	Allergen training as required				

Personal cleanliness

Wiping cloths: properly used and stored Washing fruits and vegetables

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Establishment: H & J Vonderliet	h Living Center		Establishmen	t #: 395	
Water Supply: Public F	Private Waste	· Water System: 🔀 Public	Private		
Sanitizer Type: Machine: Chlorin	ne/Sink & Cloths:	Quat PPM: 100	/200	Heat:	
_		TEMPERATURE OBSI	RVATIONS		
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
All Temps in ∘F				Meatloaf on steam table	182
All Cold Holding Units ≤	41			Peas on steam table	185
				Gravy in warming cabinet	173
Orange Juice in drink fridge	40			Meatloaf out of oven	207
Apricots in storage room fridg	e 39				
Cherry cobbler in walk-in	41				
Leftover hamburgers in walk-i	n 36				
	OB	SERVATIONS AND CORE	RECTIVE ACTIONS		
Item Number	Violations	s cited in this report must be o	orrected within the ti	me frames below.	
		No Violations Note	d During Inspection		
CFPM Verification (name, expir	ation date, ID#):				
Patricia Meredith 21629282					
Exp: 09/30/2024	:				
HACCP Topic: Discussed hand s	ink locations and	nanu wasning procedures			
Patrin Merchill		Dec 11, 2019			
Person in Charge (Signature)		Date			
<i>№</i> 0 .					
- May A-		Follow-up:	es No (Check one	e) Follow-up Date: N/A	