Food Establishment Inspection Report

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COS R

Local Health Department Name and Address			No. of Risk Factor/Intervention Violations		U F	Date	03/31/2022	
Logan County Department of Public Health						Time In	9:00 AM	
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317						Tillle III	9.00 AIVI	
Establishment License/		Permit #	No. of Repeat Risk Factor/Intervention Violations		0	Time Out	10:00 AM	
Castle Manor Supportive Living 235			Permit Holder Risk Cate		ategory	1		
Street Address			St. Clara's Senior Services		High/Class I			
1550 Castle Manor Dr	Purpose of Inspection							
City/State	ZIP Code	Routine Inspection						
Lincoln, IL	62656	noutine inspection						
FOODBODALE ILLANGES DICK FACTORS AND DURING HEALTH INTERVENTIONS								

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle 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

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.

		Wark A in appropriate box for cos ana/or it		
	COS	=corrected on-site during inspection R=repeat violation	n	
Co	mpliance Status		cos	R
Ι,		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	N/O	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	ΓΔ

Compliance Status				R			
Protection from Contamination							
15	ln .	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	N/O	Proper cooking time and temperatures					
19	N/O	Proper reheating procedures for hot holding					
20	N/O	Proper cooling time and temperature					
21	N/O	Proper hot holding temperatures					
22	In	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 ln	Pasteurized foods used; prohibited foods not offered					
Food/Color Additives and Toxic Substances							
27	In	Food additives: approved and properly used					
28	In	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

Contamination prevented during food preparation, storage and display

	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		

39

40

Insects, rodents, and animals not present

Wiping cloths: properly used and stored Washing fruits and vegetables

Personal cleanliness

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Establishn	tablishment: Castle Manor Supportive Living				ent #: 235	
Water Sup	oply: 🛛 Public 🗌 Priv	ate W	aste Water System: 🛛	Public 🗌 Private		
Sanitizer T	anitizer Type: Chlorine PPM: 100				Heat:	
			TEMPERATURE	OBSERVATIONS		
	Item/Location	Temp	Item/Locat	ion Temp	Item/Location	Temp
	All Temps in ∘F					
All C	Cold Holding Units ≤	41	Sour cream on to	p shelf in		
			walk in fric	lge 39		
Sliced be	eef on top shelf in fridge		Jello on bottom she	If in bottom		
	in Kitchen	38	of prep fridge in kitchen 40			
Shredded	d cheese on middle shelf		Juice on bottom she	elf in bottom		
in	ı fridge in kitchen	40	of prep fridge in	kitchen 41		
Sliced o	cheese on middle shelf					
i	in walk in Fridge	38				
			OBSERVATIONS AND	CORRECTIVE ACTION	NS	·
Item Number		Viola	tions cited in this report mu	st be corrected within the	e time frames below.	
			No Violations	Noted during inspecti	on	
CFPM Ve	rification (name, expiration	on date, ID	#):			
Amber	Bone - present On File					
НАССР То	opic: Discussed storage a	nd separat	tion of toxic materials		·	
	0.1.					
Person in Charge (Signature) Mar 31, 2022 Date						
Person in Ch	narge (Signature)		Date			
	Obrban		Follow-up	: ☐ Yes ☒ No (Check	one) Follow-up Date: N/A	
					,	