## **Food Establishment Inspection Report**

								Page 1 of A
Local Health Department Name and Address	No. of Risk Factor/Intervention Violations			2	Date	04/25/2022		
Logan County Department of Public Health				۷ .	Time In	9:30AM		
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (	(217) 735-2	2317	No. of Bounday Biological Materials Windows			•	Tillie III	J.30AIVI
Establishment	License/	Permit #	- но. от кереа	t Risk Factor/Intervention Violation	ons	0	Time Out	10:45AM
Lincoln Village Healthcare Center		Permit Holder		Risk C	ategory	ry		
Street Address	- SIR Management		High/Class I					
2202 N. Kickapoo St.	Purpose of Inspection							
City/State		ZIP Code	Routine Inspe	ection				
Lincoln, IL	62656	noutile inspection						
FOODBORNE II	LLNESS	RISK FACTOR	S AND PUI	BLIC HEALTH INTERVENT	TION:	S		
Circle designated compliance status (IN, OUT, N IN=in compliance OUT=not in compliance N/C	I/O, N/A) f			Risk factors are important prac	ctices c	r proce	dures identif	ied as the most

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

prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

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

Compliance Status								
Protection from Contamination								
15	15 Out Food separated and protected							
16	16 In Food-contact surfaces; cleaned and sanitized							
17	17 In Proper disposition of returned, previously served, reconditioned and unsafe food							
	Т	ime/Temperature Control for Safety						
18	N/O	Proper cooking time and temperatures						
19	19 N/O Proper reheating procedures for hot holding							
20 N/O Proper cooling time and temperature								
21	21 In Proper hot holding temperatures							
22	22 In Proper cold holding temperatures							
23	Out	Proper date marking and disposition	X					
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	In	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

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							
33		Proper cooling methods used; adequate equipment for temperature control					
34		Plant food properly cooked for hot holding					
35		Approved thawing methods used					
36		Thermometers provided & accurate					
Food Identification							
37		Food properly labeled; original container					
Prevention of Food Contamination							
38		Insects, rodents, and animals not present					
39	X	Contamination prevented during food preparation, storage and display	X				
40		Personal cleanliness					
41		Wiping cloths: properly used and stored					
42		Washing fruits and vegetables					

				,						
cos	R				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						
1		51		Plumbing installed; proper backflow devices						
<del></del>	H	52		Sewage and waste water properly disposed						
$+\times$		53		Toilet facilities: properly constructed, supplied, & cleaned						
		54		Garbage & refuse properly disposed; facilities maintained						
		55	X	Physical facilities installed, maintained, and clean	X					
		56		Adequate ventilation and lighting; designated areas used						
				Employee Training						
		57		All food employees have food handler training						
		58		Allergen training as required						

## **Food Establishment Inspection Report**

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Establishr	ment: Lincoln Village Heal	thcare Cente	er	Establishme	nt #: 396	Page 2 of 2			
	pply: 🛛 Public 🗌 Priv		ste Water System: 🔀 Public	— □ Private					
		ate wa	_						
Sanitizer <sup>-</sup>	Type: Chlorine		PPM: <u>100</u>		Heat:				
			TEMPERATURE OBSE	RVATIONS					
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp			
	All Temps in ∘F		Apple Sauce, middle shelf,	back					
All (	Cold Holding Units ≤	41	wall of walk-in	37					
			Peaches, top shelf, back	wall					
Orange J	uice, single door kitchen		of walk-in	38					
	fridge	39	Butter cream, bottom sh	nelf					
Thicke	ened juice, single door		side of walk-in	38					
	kitchen fridge	40							
Sliced c	arrots cooking on stove	200							
		(	OBSERVATIONS AND CORR	ECTIVE ACTION	S				
Item Number		Violatio	ons cited in this report must be co	orrected within the	time frames below.				
15	Cracked shell egg obser	ved over rea	ady-to-eat foods in the walk-in	cooler out of a co	ontainer. All raw foods should be	stored below			
					od Code. COS, egg voluntarily dis				
	,	•			, 65				
23	All food outside of it	s original co	ntainer observed without prop	er date marking.	All food outside of its original co	ntainer and			
	held in a food establish	nment for m	ore than 24 hours must be cle	arly marked to inc	dicate the date or day by which t	he food must			
	be consumed on	the premises	s, sold, or discarded when held	d at a temperature	e of 41°F or less for a maximum of	of 7 days.			
		Referenc	e section 3-501.17 of the Food	d Code. COS, food	l within date labeled	<u> </u>			
39	Box of bacon observe	ed on floor c	of walk-in cooler. Boxes of food	d observed stored	d on floor of walk-in freezer. All fo	ood shall be			
	protected by conf	amination b	by storing it: 1) in a clean, dry l	storing it: 1) in a clean, dry location; 2) where it is not exposed to splash, dust or other					
	contamination; 3) at	least 6 inche	es above the floor. Reference S	Section 3-305.11 (	of the Food Code. COS, boxes of	food moved			
55	Mop head observed be	ing stored in	n dirty mop water between use	es. Mops shall be	placed in a position that allows t	hem to air-dry			
	without soiling wall	s, equipmen	t, or supplies between uses. F	Reference Section	6-501.16 of the Food Code. COS	, mop head			
			removed from water t	o allow for air dry	ving.				
CFPM Ve	rification (name, expiration	on date, ID#	):						
	Sonja Heinzel		Ryan Estes	Tina Turner	r				
	21409035		21651093	21665676	225				
	Exp: 12/14/2026	<u>l</u>	xp: 12/7/2024	Exp: 01/31/20	025				
HACCP I	opic: Discussed proper to	od storage t	o prevent cross contamination	1					
/	1								
	<i>H</i> /		Apr 25, 2022						
Person in Ch	narge (Signature)		Date						
Ļ	(1) 1 -								
	M/XX		Follow-up: Ye	es 🔀 No (Check o	nne) Follow-up Date: N/A				
Inspector (S	ignature)					<del></del>			