



## Hotel Breakfast Permit Inspection Report

Kings County Department of Public Health  
Environmental Health Services  
460 Kings County Dr., Suite 101 & 102 Hanford CA 93230  
Phone - 559-584-1411 Fax - 559-584-6040  
Internet - <https://www.kcdph.com/ehs>

### INSPECTION REPORT

#### HOTEL BREAKFAST

|                         |                 |                       |  |                |  |                   |  |
|-------------------------|-----------------|-----------------------|--|----------------|--|-------------------|--|
| Facility Name           |                 | Facility Address      |  | City/State     |  | Zip Code          |  |
| HOME 2 SUITES BY HILTON |                 | 1589 GLENDALE AVE     |  | HANFORD, CA    |  | 93230             |  |
| Owner/Operator          |                 | Facility Phone No.    |  | Inspection ID  |  | Inspection Result |  |
| JAYANTILAL M. PATEL     |                 | 5593810748            |  | 63216          |  | Pass              |  |
| Inspector Name          | Inspection Date | Purpose of Inspection |  | Permit License |  | Expiration Date   |  |
| Lindsay Hullinger       | 6/10/2025       | Routine Inspection    |  | PR0010255      |  | 1/1/2026          |  |

An inspection of your facility revealed the following violations of the California Health and Safety Code and/or California Code of Regulations. A reinspection may occur at any time to verify correction of these violations. Please note the date of correction as listed per violation.

NVO = No Violation Observed OUT = Out of Compliance N/A = Not Applicable COS = Corrected On Site UD = UD

| Violation Status                                                                                                                            | Violation Code                                                                                                | Violation Summary                                                                                                                                                                                                                                                                                                                                                                                | Observation                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>FDA Food Code 2017</b>                                                                                                                   |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      |
| <input type="checkbox"/> -Select-<br><input type="checkbox"/> IN<br><input checked="" type="checkbox"/> OUT<br><input type="checkbox"/> N/A | 39 - PREVENTION OF FOOD CONTAMINATION - Contamination prevented during food preparation, storage, and display | CORRECTED ON SITE - in the pantry, the wire shelves are assembled with the bottom shelf approximately 3 inches off the ground. Pancake mix and bananas are observed on this shelf. Staff were informed that all food items must be stored at least 6 inches off the ground. Non-food items were observed stored on higher shelves; these items were switched locations to meet this requirement. | Repeat: No<br>Corrected On-Site: Yes<br>Comply By: 06/10/2025<br>Degree of Violation: Minor<br>Return to Compliance Date: 06/10/2025 |



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**Overall Inspection Comment:**

Food handlers: Naui Slate (Exp. 4/23/27) and Nerriza Ray (Exp. 11/8/27)

The three compartment sink has hot water measuring 120F. The handwash sink has warm water, soap, and paper towels. The facility uses a dishwasher for sanitation, but also has quart sanitizer and test strips available.

Refrigerators are all observed holding temperatures below 41F. The freezer is observed maintaining a temperature of 11F. External thermometers are attached and read the same temperature obtained by inspector.

The self-service bar was not in use at the time of the inspection.

Floor drains are observed clear of debris.

Food storage must be at least 6 inches off the ground. This is intended to prevent vermin or pest harborage. See the above noted corrected violation regarding this item.

Trash enclosure is observed clean.

Thank you.

ATTENTION: There are a total of 1 item(s) marked above in violation. Total Major violations are 0.

#### Signatures

Received By:

Inspected By:

Inspector Name: **Lindsay Hullinger**

Title: **Environmental Health Officer**

Date: **6/10/2025**

Email: **Lindsay.hullinger@co.kings.ca.us**

Phone:

#### CERTIFICATION OF RETURN TO COMPLIANCE

I certify that the violations noted above on this report have been corrected. I have personally examined any documentation attached to the certification to establish that the violations have been corrected.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_