



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

FACILITY NAME: LEMOORE SENIOR CENTER	BUSINESS PHONE: (559) 924-7791	RECORD ID#: PR0008618	DATE: May 05, 2021
FACILITY SITE ADDRESS: 797 S 18TH ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LINDA LAWRENCE/ROSALIE DELAROSA	CERTIFIED FOOD MANAGER: LOGAN BARBER	EXP DATE: 5/24/2023	INSPECTOR: Veronica Ochoa -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:

Hand wash station was stocked with soap, paper towels, and hot water.
Cold holding units measured at 41F or below.
During today's inspection, fried shrimp was observed being prepared at the facility.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Veronica Ochoa -REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE SENIOR CENTER	BUSINESS PHONE: (559) 924-7791	RECORD ID#: PR0008618	DATE: February 25, 2020
FACILITY SITE ADDRESS: 797 S 18TH ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LINDA LAWRENCE/ROSALIE DELAROSA	CERTIFIED FOOD MANAGER: DANIEL BEELER	EXP DATE: 6/12/2020	INSPECTOR: Susan Lee-Yang - 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:

- Hand wash station has hot water, soap, and paper towels.
- Cold holding units were noted satisfactory.
- Chlorine sanitizer in the 3-compartment sink was noted at 100 ppm.
- Observed food products stored off the ground.
- Observed food handler wearing disposable gloves.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Susan Lee-Yang - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE SENIOR CENTER	BUSINESS PHONE: (559) 924-7791	RECORD ID#: PR0008618	DATE: June 17, 2019
FACILITY SITE ADDRESS: 797 S 18TH ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LINDA LAWRENCE/ROSALIE DELAROSA	CERTIFIED FOOD MANAGER: DANIEL BEELER	EXP DATE: 6/12/2020	INSPECTOR: Veronica Ochoa -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: IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

Description/Corrective Action: A dead cockroach was observed in the dry storage area of the facility. Please make sure to maintain monthly pest control service and clean any areas where evidence of cockroaches may be observed.

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water.
The facility's walk-in refrigerator was not functioning during today's inspection. No food items were observed in the unit. Currently, the facility is awaiting the cost of replacement parts to repair the unit. As a result, the facility obtained a stand-up commercial refrigeration unit and commercial prep cold holding unit to store food product. All of the facility's functioning cold holding units measured at or below 41F.

Currently lunches for the seniors are prepared Monday through Thursday. Today's lunch menu consisted of baked potatoes that were in the process of being prepared.

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

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE SENIOR CENTER	BUSINESS PHONE: (559) 924-7791	RECORD ID#: PR0008618	DATE: June 20, 2018
FACILITY SITE ADDRESS: 797 S 18TH ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LINDA LAWRENCE/ROSALIE DELAROSA	CERTIFIED FOOD MANAGER: JOSEPHINE J. WOOD	EXP DATE: 1/25/2019	INSPECTOR: Veronica Ochoa -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: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: The facility's hood have not been professionally cleaned even though it was noted on the facility's last routine inspection. There is an accumulation of grease on the baffles and lack of proper cleaning may lead to grease fire.

Also, the facility's three compartment sink has leak underneath the sanitizing basin. Please repair this leak as soon as possible.

Violation: FOODS & EQUIPMENT NOT PROTECTED FROM CONTAMINATION [HSC 113980, 114025-114027]

Description/Corrective Action: Bagged salad was observed being stored directly on the walk-in refrigerator floor. Please make sure to keep all food items stored at least six inches off the floor.

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water. The walk-in refrigerator measured at 41F.

RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u>
	<input type="checkbox"/> Potential Food Safety All Star:

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