FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HACIENDA POST ACUTE INC.</td>
<td>(559) 582-9221</td>
<td>PR0007114</td>
<td>July 06, 2022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>361 E GRANGEVILLE BLVD</td>
<td>HANFORD</td>
<td>93230</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MR. AND MRS. ROBERT STOTTS</td>
<td>KATHLEEN PALOMINO</td>
<td>8/12/2025</td>
<td>Yatee Patel - REHS</td>
</tr>
</tbody>
</table>

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:

Today's Routine inspection was conducted after 2 years due to Covid-19.

During today's inspection, the facility was observed satisfactory. The cold holding units were below 41°F. The temperature logs were noted twice a day for all the units.

The hot holding foods are monitored and the hood observed clean. The sanitizer level for the automatic dish washer was 100 ppm of chlorine solution.

The facility has a new management/owner. Please call our department to make necessary changes with contact information.

Over all facility was in very good operating condition.

RESULTS OF EVALUATION:  

<table>
<thead>
<tr>
<th>PASS</th>
<th>NEEDS IMPROVEMENT</th>
<th>FAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reinspection Required: Yes:  No: X

Reinspection Date (on or after): N/A

Potential Food Safety All Star: 

Yatee Patel - REHS

Agency Representative

NOTE: This report must be made available to the public on request
FOOD SAFETY EVALUATION REPORT

FACILITY NAME: HACIENDA HEALTH CARE CENTER INC.
BUSINESS PHONE: (559) 582-9221
RECORD ID#: PR0007114
DATE: April 10, 2019

FACILITY SITE ADDRESS: 361 E GRANGEVILLE BLVD
CITY: HANFORD
ZIP CODE: 93230
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: MR. AND MRS. ROBERT STOTTS
CERTIFIED FOOD MANAGER: KATHLEEN PALOMINO
EXP DATE: 8/12/2020
INSPECTOR: Yatee Patel - 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 washing station was observed fully stocked with soap, hot water and paper towels.

Automatic dish washer measured at 50ppm of chlorine concentration.

The hood is contracted out for cleaning and it is done once a month.

Hot and cold holding temperature logs were reviewed.

Walk-in was observed well organized with meats and ready to eat foods were stored separately.

Observed employee using tongs and utensils to portion out the cake for the patients. Please note, any time that the employees may have to touch the ready to eat foods, they must wash hands prior to that and if the employees have artificial nails and/or nail color, they must wear gloves after correctly washing the hands.

Over all the food facility was in good condition and food safety practices are well maintained.

Thank you

RESULTS OF EVALUATION: X PASS

Reinspection Required: X Yes: No:
Reinspection Date (on or after): N/A

| Potential Food Safety All Star: X |

Yatee Patel - REHS
Agency Representative

NOTE: This report must be made available to the public on request
FOOD SAFETY EVALUATION REPORT

FACILITY NAME:  HACIENDA HEALTH CARE INC.  
BUSINESS PHONE:  (559) 582-9221  
RECORD ID#:  PR0007114  
DATE:  October 22, 2019  

FACILITY SITE ADDRESS:  361 E GRANGEVILLE BLVD  
CITY:  HANFORD  
ZIP CODE:  93230  
INSPECTION TYPE:  ROUTINE INSPECTION  

OWNER NAME:  MR. AND MRS. ROBERT STOTTS  
CERTIFIED FOOD MANAGER:  KATHLEEN PALOMINO  
EXP DATE:  8/12/2020  
INSPECTOR:  Yatee Patel - 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:

Hot foods (pasta and sauce) were measured by the operator and the logs are kept on site and observed accurate.

Cold holding foods in the walk in and reach in were also satisfactory.

The meats were observed at the bottom shelf.

The dish washer was observed with 100 ppm of chlorine sanitizer.

Over all the food facility was observed in good condition.

Thank you

RESULTS OF EVALUATION:  
[ ] PASS  [ ] NEEDS IMPROVEMENT  [ ] FAIL  
Reinspection Required:  Yes:  [ ]  No:  [ ]  
Reinspection Date (on or after):  N/A  
[ ] Potential Food Safety All Star:

Yatee Patel - REHS  
Agency Representative

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