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>HANFORD NURSING &amp; REHAB CENTER</td>
<td>(559) 625-4003</td>
<td>PR0007116</td>
<td>September 21, 2017</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>1007 W LACEY 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>MARK A. FISHER</td>
<td>JAMIE RODRIGUEZ</td>
<td>3/30/2020</td>
<td>Lupe Tapia</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:

Conducting a routine inspection of this facility and noted the following:

Hot and cold water available throughout the facility.

Approved temperatures: Hot >135F at steam table and Cold <41 F at refrigeration units.

Dish wash machine final sanitizer concentration 100ppm Chl and sanitizer buckets 200ppm QAC.

Hand wash sink facilities easily accessible and fully stocked.

Pest control services monthly by ECOLAB.

Food distributor: SYSCO

This facility is very well organized and kept clean.

Thank You!

RESULTS OF EVALUATION:  

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

Reinspection Required:  

<table>
<thead>
<tr>
<th>Yes:</th>
<th>No:</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
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</tbody>
</table>

Reinspection Date (on or after): N/A

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

FACILITY NAME: HANFORD NURSING & REHAB CENTER
BUSINESS PHONE: (559) 625-4003
RECORD ID#: PR0007116
DATE: February 21, 2017

FACILITY SITE ADDRESS: 1007 W LACEY BLVD
CITY: HANFORD
ZIP CODE: 93230
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: MARK A. FISHER
CERTIFIED FOOD MANAGER: JAMIE RODRIGUEZ
EXP DATE: 3/30/2020
INSPECTOR: Liliana Stransky - 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:

Observed employees wearing hair nets and gloves to prevent food contamination and direct contact with food.

Observed refrigeration temperatures at or below 41F.

The steam table was holding cooked foods above 135F. The fish was at 176F and the potatoes were at 181F.

The final rinse cycle for the dishwasher had 50ppm of chlorine sanitizer, and the sanitizer buckets had 200ppm of ammonia based sanitizer (QAC).

Final cooking temperatures are monitored and recorded daily. A recommendation would be to add a 'comment line' to indicate any corrective action taken during food preparation.

The hand washing station had hand soap, paper towels and hot water available.

Overall the facility was observed well maintained and organized.

Thank you!

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Reinspection Required: Yes: No: X

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

X

Liliana Stransky - REHS
Agency Representative

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DAJL8MDGN 3:21 PM Page 1 of 1
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<td>PR0007116</td>
<td>August 12, 2016</td>
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<td>JAMIE RODRIGUEZ</td>
<td>3/30/2020</td>
<td>Susan Lee-Yang - REHS</td>
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Violation: None Noted

General Comments:

- Hand wash station has hot water, soap and paper towels.
- All cold holding units were noted at 41°F and below.
- Chlorine sanitizer for dishwasher was noted at 100 ppm.
- QAC sanitizer for 3-compartment sink and bucket were noted at 200 ppm.
- Observed food and equipment temperature logs up-to-date.
- Facility is clean and organized.

RESULTS OF EVALUATION: **X** PASS  **☐** NEEDS IMPROVEMENT  **☐** FAIL

Reinspection Required: **☐** Yes: **☐** No: **X**

Reinspection Date (on or after): **N/A**

Potential Food Safety All Star: **X**

Received By: [Signature]

Susan Lee-Yang - REHS

Agency Representative

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