

# **County of Kings - Department of Public Health**

Environmental Health Serivces 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:	BUSINESS PHONE:	RECORD ID#:	DATE:	
OAK WELLNESS CENTER	(559) 639-2076	PR0008349	October 19, 2021	
FACILITY SITE ADDRESS:	CITY:	ZIP CODE:	INSPECTION TYPE:	
1393 BAILEY DR	HANFORD	93230	ROUTINE INSPECTION	
OWNER NAME:	CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:	
OAK WELLNESS CENTER	Not Specified		Liliana Stransky - REHS	
he items (if any) listed below identify the violation(s) that must be the reinspection will be conducted (if needed) at no charge. A ser				
Violation: None Noted				
General Comments:				
The manager for the wellness center, Maria Rodrigutal facility. Maria indicated over the phone that the centest. Please contact our department when the centest.	ter is currently closed due to Covid,	and a reopening		
Retain a copy of this report for your records and let	us know if you have any questions.			
Thank you!				
		Reinspection Re	equired: Yes: No: X	
RESULTS OF EVALUATION: PASS NEED	DS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A	
		□ P	otential Food Safety All Star:	
mailed uport		Liliana Stransky	- REHS	
Received By:	-	Agency Representative		

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



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# **OFFICIAL INSPECTION REPORT**

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:			
OAK WELLNESS CENTER	(559) 639-2076	PR0008349	February 16, 2021			
FACILITY SITE ADDRESS:	CITY:	ZIP CODE:	INSPECTION TYPE:			
1393 BAILEY DR	HANFORD	93230	MEETING/CONSULTATION/PHONE			
OWNER NAME:	Program Description:	EXP DATE:	INSPECTOR:			
OAK WELLNESS CENTER	1623 - 1623 FOOD VENDING PERMIT -		Yatee Patel - REHS			
The items (if any) listed below identify the Health Code 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:						
Our department contacted the manager at 559-639-2 to renovation.	2081 and she stated that oak wellno	ess center is curr	ently closed due			
Please contact our department at 559-584-1411 to s	chedule a routine/reopening inspec	ction for the kitche	en.			
Thank you						
Reinspection Required: Yes: No: X	Reinspection Date (on or afte	r): Not Sp	ecified			
		Ya	tee Patel - REHS			
Received By:	En	Environmental Health Specialist				

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# **FOOD SAFETY EVALUATION REPORT**

FACILITY NAME: OAK WELLNESS CENTER	BUSINESS PHONE: (559) 639-2076	RECORD ID#: PR0008349	DATE: December 05, 2019
FACILITY SITE ADDRESS: 1393 BAILEY DR	CITY: HANFORD	<b>ZIP CODE</b> : 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: OAK WELLNESS CENTER	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Liliana Stransky - REHS
The items (if any) listed below identify the violation(s) that must be One reinspection will be conducted (if needed) at no charge. A serv			ı.
Violation: None Noted			
General Comments:  Routine inspection -  The facility has temporarily relocated to 1633 N. 10th Bailey Drive in the Kings View Behavioral building.			
Currently, clients bring their own food and get sodas for the sodas and a hand washing station that is fully We will update our records to reflect the current addition when you move back to Bailey Drive.  Thank you!	stocked with hand soap, paper	towels and hot was	ter.
RESULTS OF EVALUATION: X PASS NEED	OS IMPROVEMENT FAI	Reinspection  Reinspection	Required: Yes: No: X  Date (on or after): N/A  Potential Food Safety All Star:
Received By:		Liliana Strans Agency Repre	
NOTE: This report n	nust be made available to the	public on reques	st

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