



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

<b>FACILITY NAME:</b> HANFORD NURSING & REHAB CENTER	<b>BUSINESS PHONE:</b> (559) 625-4003	<b>RECORD ID#:</b> PR0007116	<b>DATE:</b> September 21, 2017
<b>FACILITY SITE ADDRESS:</b> 1007 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MARK A. FISHER	<b>CERTIFIED FOOD MANAGER:</b> JAMIE RODRIGUEZ	<b>EXP DATE:</b> 3/30/2020	<b>INSPECTOR:</b> Lupe Tapia

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:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Lupe Tapia

Agency Representative

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



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<b>FACILITY NAME:</b> HANFORD NURSING & REHAB CENTER	<b>BUSINESS PHONE:</b> (559) 625-4003	<b>RECORD ID#:</b> PR0007116	<b>DATE:</b> February 21, 2017
<b>FACILITY SITE ADDRESS:</b> 1007 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MARK A. FISHER	<b>CERTIFIED FOOD MANAGER:</b> JAMIE RODRIGUEZ	<b>EXP DATE:</b> 3/30/2020	<b>INSPECTOR:</b> 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!

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

Received By:

Liliana Stransky - REHS

Agency Representative

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<b>FACILITY NAME:</b> HANFORD NURSING & REHAB CENTER	<b>BUSINESS PHONE:</b> (559) 625-4003	<b>RECORD ID#:</b> PR0007116	<b>DATE:</b> August 12, 2016
<b>FACILITY SITE ADDRESS:</b> 1007 W LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> MARK A. FISHER	<b>CERTIFIED FOOD MANAGER:</b> JAMIE RODRIGUEZ	<b>EXP DATE:</b> 3/30/2020	<b>INSPECTOR:</b> 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.
- All cold holding units were noted at 41F 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.

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

Received By: \_\_\_\_\_

Susan Lee-Yang - REHS

Agency Representative \_\_\_\_\_

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