

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: KINGS REHABILITATION CENTER	BUSINESS PHONE: (559) 582-9234	RECORD ID#: PR0006102	DATE: July 07, 2022	
KINGS REHABILITATION CENTER	(559) 582-9234	PR0006102	July 07, 2022	
FACILITY SITE ADDRESS:	CITY:	ZIP CODE:	INSPECTION TYPE:	
490 E HANFORD-ARMONA RD	HANFORD	93230	ROUTINE INSPECTION	
OWNER NAME:	CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:	
KINGS REHABILITATION CENTER	LUBOV PAVLUK	9/30/2022	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 ser				
Violation: None Noted				
Violation. Note Noted				
General Comments:			_	
According to the program manager, Lubov Pavluk, tl program has not returned to full capacity and curren not expected to change this year and will likely not p	tly does not have sufficient clients t	o require the meal		
Prior to reopening the kitchen to begin food service, us at any time if you have any questions by calling u	·	an inspection. You	u can also reach	
Thank you!				
RESULTS OF EVALUATION: PASS NEED		Reinspection Re	equired: Yes: No: X	
	DS IMPROVEMENT FAIL	Reinspection Da	ate (on or after): N/A	
		Potential Food Safety All Star:		
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00 = 1		- REHS		
Received By:	· ————	Agency Representative		

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

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: KINGS REHABILITATION CENTER	BUSINESS PHONE: (559) 582-9234	RECORD ID#: PR0006102	DATE: April 08, 2021			
FACILITY SITE ADDRESS: 490 E HANFORD-ARMONA RD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION			
OWNER NAME: KINGS REHABILITATION CENTER	CERTIFIED FOOD MANAGER: LUBOV PAVLUK	EXP DATE: 9/30/2022	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:						
This department attempted a routine inspection, but the person in charge (Veronica) stated that the kitchen has been closed since last year (2/2020) due to Covid-19. Confirmed that the kitchen is closed on site.						
When the facility decides to re-open the kitchen accordepartment for a routine inspection.	ording to the State Guidelines and t	ime line, please co	ontact our			
Thank you						
RESULTS OF EVALUATION: PASS NEED		Reinspection Re	equired: Yes: No: X			
	DS IMPROVEMENT FAIL	Reinspection Da				
		Potential Food Safety All Star:				
(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
		Yatee Patel - REHS				
Received By:		Agency Representative				

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: KINGS REHABILITATION CENTER	BUSINESS PHONE: (559) 582-9234	RECORD ID#: PR0006102	DATE: February 05, 2020
FACILITY SITE ADDRESS: 490 E HANFORD-ARMONA RD	CITY: HANFORD	ZIP CODE : 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KINGS REHABILITATION CENTER	CERTIFIED FOOD MANAGER: LUBOV PAVLUK	EXP DATE: 9/30/2022	INSPECTOR: Yatee Patel - REHS
The items (if any) listed below identify the violation(s) that must be a Dne reinspection will be conducted (if needed) at no charge. A serv			
Violation: LACK OF OR IMPROPER USE OF THERMOMETERS [HSC 114157-114159] Description/Corrective Action: Please sanitize thermometer before and after each time you use for measuring potentially hazardous foods.			
General Comments: This department recommends logging temperatures foods. Hand washing station was fully stocked. 3 compartment sink is used with QAT solution. Hamburger patties were at 155F on hot holding units Thank you		h as meats and o	ther hot holding
RESULTS OF EVALUATION: X PASS NEED	OS IMPROVEMENT FAIL	Reinspection Re	
Received By:		Yatee Patel - Agency Represe	

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