



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

FACILITY NAME: KINGS NURSING & REHABILITATION CENTER	BUSINESS PHONE: (559) 582-4414	RECORD ID#: PR0007115	DATE: July 11, 2022
FACILITY SITE ADDRESS: 851 LESLIE LN	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MARK A FISHER	CERTIFIED FOOD MANAGER: Robin Atsma	EXP DATE: 9/16/2022	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 inspection was conducted as a routine inspection.
- The following were observed:
- The cold holding units were all below 41F for the reach-ins.
 - The hot holding steam units were at 140F and above.
 - The sanitizer level, measured by the operator, was 100ppm of Chlorine.
 - Temperature logs are maintained daily.
 - Sanitizer buckets were observed at 200ppm of QAT solution.
 - Over all the food facility is in very good operating condition.

Thank you

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

Received By:

Yatee Patel - REHS

Agency Representative

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



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

FACILITY NAME: KINGS NURSING & REHABILITATION CENTER	BUSINESS PHONE: (559) 972-4413	RECORD ID#: PR0007115	DATE: February 05, 2020
FACILITY SITE ADDRESS: 851 LESLIE LN	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MARK A FISHER	CERTIFIED FOOD MANAGER: Robin Atsma	EXP DATE: 9/16/2022	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:

All cold holding units were well organized and all the temperatures were below 41F.
The hot holding foods are also monitored and temperature logs are available.
The sanitizer for the dish washer was also satisfactory and is monitored three times a day with the logs available for review.
Hand washing stations were fully stocked.
Over all the food facility is in excellent operating condition.
Thank you

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

Received By:

Yatee Patel - REHS

Agency Representative

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



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

FACILITY NAME: KINGS NURSING & REHABILITATION CENTER	BUSINESS PHONE: (559) 972-4413	RECORD ID#: PR0007115	DATE: September 20, 2019
FACILITY SITE ADDRESS: 851 LESLIE LN	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: MARK A FISHER	CERTIFIED FOOD MANAGER: Robin Atsma	EXP DATE: 9/16/2022	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:

Routine inspection -

*Observed hand washing station with hand soap, paper towels and hot water available.

*All refrigeration units, except one currently under repair, were noted at or below 41F. Refrigeration unit under repair did not have perishable items stored inside.

* The steam table was noted above 135F, but no food was under preparation during the inspection.

* The final rinse cycle for the dishwasher had chlorine sanitizer at 100 ppm concentration.

* Employees were observed wearing hair restraints and following proper hand washing procedures.

Overall the facility was observed well maintained and organized.

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:

Liliana Stransky - REHS

Agency Representative

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