

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: ADVENTIST HEALTH MEDICAL OFFICES | BUSINESS PHONE: (559) 583-2100 | RECORD ID# : PR0006444 | DATE: June 16, 2022 | | |
|---|---------------------------------------|---------------------------------|-------------------------------------|-------|--|
| FACILITY SITE ADDRESS: 1025 N DOUTY ST | CITY: HANFORD | ZIP CODE: 93230 | INSPECTION TYPE: ROUTINE INSPECTION | | |
| OWNER NAME: CENTRAL VALLEY GENERAL HOSPITAL DBA ADVENTIST HE | CERTIFIED FOOD MANAGER: Not Specified | EXP DATE: | INSPECTOR: SEMHAR GEBREGZI | ABIHE | |
| 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 | | | | | |
| Violation: None Noted | | | | | |
| | | | | | |
| General Comments: | | | | | |
| Observations: | | | | | |
| At this time only food vending machines are available blocked off and not in use at this time. Please contact cafeteria again. | | | | | |
| The facility is overall well maintained, no signs of pe | sts were found during today's inspe | ction. | | | |
| Thank you for your time. | | | | | |
| RESULTS OF EVALUATION: X PASS NEED | | Reinspection R | equired: Yes: | No: X | |
| | DS IMPROVEMENT FAIL | Reinspection D | eate (on or after): | N/A | |
| | | Potential Food Safety All Star: | | | |
| | | | | | |
| | | SEMHAR GEBREGZIABIHE | | | |
| 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: | BUSINESS PHONE: | RECORD ID#: | DATE: | | | | |
|--|-------------------------|---------------------------------|------------------------|--|--|--|--|
| ADVENTIST HEALTH MEDICAL OFFICES | (559) 583-2100 | PR0006444 | February 05, 2020 | | | | |
| FACILITY SITE ADDRESS: | CITY: | ZIP CODE: | INSPECTION TYPE: | | | | |
| 1025 N DOUTY ST | HANFORD | 93230 | ROUTINE INSPECTION | | | | |
| OWNER NAME: | CERTIFIED FOOD MANAGER: | EXP DATE: | INSPECTOR: | | | | |
| CENTRAL VALLEY GENERAL HOSPITAL - ADVENTIST HEALT | Not Specified | | 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 kitchen is no longer in use. It will only be used in case all other kitchens in the central valley are not usable. | | | | | | | |
| For now, this department requests the owner/operator to inform our department if the kitchen resumes back to normal operations. | | | | | | | |
| Thank you | | | | | | | |
| | OS IMPROVEMENT FAIL | Reinspection Re | equired: Yes: No: X | | | | |
| RESULTS OF EVALUATION: PASS NEE | | Reinspection Da | ate (on or after): N/A | | | | |
| | | Potential Food Safety All Star: | | | | | |

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FOOD SAFETY EVALUATION REPORT

| FACILITY NAME: CENTRAL VALLEY GENERAL HOSPITAL | BUSINESS PHONE: (559) 583-2100 | RECORD ID#: PR0006444 | DATE: February 12, 2018 | | | |
|--|-----------------------------------|---------------------------------|----------------------------|--|--|--|
| FACILITY SITE ADDRESS: | CITY: | ZIP CODE: | INSPECTION TYPE: | | | |
| 1025 N DOUTY ST | HANFORD | 93230 | ROUTINE INSPECTION | | | |
| OWNER NAME: | CERTIFIED FOOD MANAGER: | EXP DATE: | INSPECTOR: | | | |
| CENTRAL VALLEY GENERAL HOSPITAL - ADVENTIST HEALT | MISTY B CLEVELAND | 4/9/2019 | 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: | | | | | | |
| Facility is no longer using the kitchen on a daily basis. This kitchen will only serve as an emergency kitchen when needed by the other 2 sites (Adventist Health Hospital and Hanford Community Medical Center). | | | | | | |
| Hand wash station has hot water, soap, and paper towels. | | | | | | |
| Cold holding units were noted below 41F. | | | | | | |
| Facility no longer has mechanical dishwasher; however, 2-compartment sink is available. | | | | | | |
| Ensure deep cleaning of the kitchen occurs. Focus on trash debris underneath equipment. | | | | | | |
| Since kitchen is not in operation, ensure all food products inside cold holding units are discarded. There were some food items inside reach-in freezer and walk-in refrigerator. | | | | | | |
| | | Reinspection Re | equired: Yes: No: X | | | |
| RESULTS OF EVALUATION: X PASS NEED | DS IMPROVEMENT FAIL | Reinspection Da | ate (on or after): N/A | | | |
| | | Potential Food Safety All Star: | | | | |
| | | | | | | |
| Sha lett | | G 7 W | DEMO | | | |
| | | Susan Lee-Yang - REHS | | | | |
| Received By: | | Agency Representative | | | | |

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