

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:
HANFORD POST ACUTE	(559) 625-4003	PR0007116	February 20, 2020
FACILITY SITE ADDRESS:	CITY:	ZIP CODE:	INSPECTION TYPE:
1007 W LACEY BLVD	HANFORD	93230	ROUTINE INSPECTION
OWNER NAME:	CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:
JASON MURRY	PATRICIA FOX	1/16/2025	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 fully stocked hand washing station with soap, paper towels and hot water.

* Refrigeration temperatures were noted below 41F. Foods were also observed below 41F with the exception of the cole slaw which had been prepared 30 minutes prior to the inspection and was still cooling down insode the walk-in.

* Sanitizer buckets had 200ppm concentration of QAC sanitizing solution, and the dishwasher had 100ppm chlorine sanitizer.

* The steam table had water temperature at 177F. There were no cooked food items on the steam table during the inspection.

* Please provide detail cleaning of all cooking equipment and remove build-up of grease and debris around and behind the equipment to prevent accumulation and minimize the risk of pest activity.

Thank you!

RESULTS OF EVALUATION:	X PASS NEEDS IMPROVEMENT	FAIL	Reinspection Required: Yes:	No: X	
			Reinspection Date (on or after):	N/A All Star:	
Xatty Gay		Liliana Stransky - REHS			
Received By:		Agency Representative			



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:
HANFORD POST ACUTE	(559) 625-4003	PR0007116	August 06, 2019
FACILITY SITE ADDRESS:	CITY:	ZIP CODE:	INSPECTION TYPE:
1007 W LACEY BLVD	HANFORD	93230	ROUTINE INSPECTION
OWNER NAME:	CERTIFIED FOOD MANAGER:	EXP DATE:	INSPECTOR:
JASON MURRY	JAMIE RODRIGUEZ	3/30/2020	Rumi Chhina

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:

Conducted a routine inspection of this facility and noted the following:

Today's Menu: Chuck wagon steak, sweet potato casserole, broccoli florets, margarine, oatmeal raisin cookie, Milk.

- The temperature of the foods in the cold holding units were noted at or below 41F.
- The temperature of the foods in the warmer were noted at or above 135F.
- Sanitizer in red buckets was noted at 200ppm.
- Sanitizer in mechanical dishwasher was noted at 50 ppm.
- Handwashing station was fully stocked with soap, paper towels and hot water available.
- Employees have food manager and food handler certification.
- Kitchen hood was serviced every 6 months.
- Temperature logs were available on site.

Thank you.

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: HANFORD POST ACUTE	BUSINESS PHONE: (559) 625-4003	RECORD ID#: PR0007116	DATE: August 06, 2019
FACILITY SITE ADDRESS: 1007 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: JASON MURRY	CERTIFIED FOOD MANAGER: JAMIE RODRIGUEZ	EXP DATE: 3/30/2020	INSPECTOR: Rumi Chhina
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			
		Reinspection Re	equired: Yes: No: X
RESULTS OF EVALUATION: X PASS NEE	DS IMPROVEMENT FAIL	Reinspection Da	te (on or after): N/A
		P	otential Food Safety All Star:
Ja Marco		Rumi Chhi	na
	ceived By: Agency Representative		