

State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Res Care OH Centerburg</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <i>133</i>	Date <i>1/20/17</i>
Address <i>80 Miller St., Centerburg</i>		Category/Descriptive <i>C45</i>	
License holder <i>Shamarah Thomas-Hutchins</i>	Inspection time (min) <i>30</i>	Travel time (min)	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day <input type="checkbox"/> Complaint <input type="checkbox"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other <i>specify</i>		Follow-up date (if required)	Sample date/result (if required)

3717-1 OAC Violation Checked

Management and Personnel

<input type="checkbox"/>	2.1 Employee health
<input type="checkbox"/>	2.2 Personal cleanliness
<input type="checkbox"/>	2.3 Hygienic practices
<input type="checkbox"/>	2.4 Supervision

<input type="checkbox"/>	4.4 Maintenance and operation
<input type="checkbox"/>	4.5 Cleaning of equipment and utensils
<input type="checkbox"/>	4.6 Sanitizing of equipment and utensils
<input type="checkbox"/>	4.7 Laundering
<input type="checkbox"/>	4.8 Protection of clean items

Poisonous or Toxic Materials

<input type="checkbox"/>	7.0 Labeling and identification
<input type="checkbox"/>	7.1 Operational supplies and applications
<input type="checkbox"/>	7.2 Storage and display separation

Food

<input type="checkbox"/>	3.0 Safe, unadulterated and honestly presented
<input type="checkbox"/>	3.1 Sources, specifications and original containers
<input type="checkbox"/>	3.2 Protection from contamination after receiving
<input type="checkbox"/>	3.3 Destruction of organisms
<input type="checkbox"/>	3.4 Limitation of growth of organisms
<input type="checkbox"/>	3.5 Identity, presentation, on premises labeling
<input type="checkbox"/>	3.6 Discarding or reconditioning unsafe, adulterated
<input type="checkbox"/>	3.7 Special requirements for highly susceptible populations

Water, Plumbing, and Waste

<input type="checkbox"/>	5.0 Water
<input type="checkbox"/>	5.1 Plumbing system
<input type="checkbox"/>	5.2 Mobile water tanks
<input type="checkbox"/>	5.3 Sewage, other liquid waste and rainwater
<input type="checkbox"/>	5.4 Refuse, recyclables, and returnables

Special Requirements

<input type="checkbox"/>	8.0 Fresh juice production
<input type="checkbox"/>	8.1 Heat treatment dispensing freezers
<input type="checkbox"/>	8.2 Custom processing
<input type="checkbox"/>	8.3 Bulk water machine criteria
<input type="checkbox"/>	8.4 Acidified white rice preparation criteria
<input type="checkbox"/>	9.0 Facility layout and equipment specifications
<input type="checkbox"/>	20 Existing facilities and equipment

Equipment, Utensils, and Linens

<input type="checkbox"/>	4.0 Materials for construction and repair
<input type="checkbox"/>	4.1 Design and construction
<input type="checkbox"/>	4.2 Numbers and capacities
<input type="checkbox"/>	4.3 Location and installation

Physical Facilities

<input type="checkbox"/>	6.0 Materials for construction and repair
<input type="checkbox"/>	6.1 Design, construction, and installation
<input type="checkbox"/>	6.2 Numbers and capacities
<input type="checkbox"/>	6.3 Location and placement
<input type="checkbox"/>	6.4 Maintenance and operation

Administrative

<input type="checkbox"/>	901.3-4 OAC
<input type="checkbox"/>	3701-21 OAC

Violation(s)/Comment(s) *Person certified in Level 2 Food Protection Present*

- Cold holding acceptable at time of inspection at 41F or below.

- Hand sink functional and stocked, disposable gloves present

- Dish machine providing 50-100ppm chlorine residual at time of inspection

- Digital probe thermometer present and functioning

- Did observe rodent droppings in cupboard below 2-compartment sink. Pest Control was in facility yesterday. Clean and sanitize cupboard. Note: Received a letter from Res Care stating this facility will no longer house residents. Residents to be moved to residential group homes and will meet ORC ~~3717.42~~ 3717.42 (B)(4) exemption from licensure.

Inspected by: <i>[Signature]</i>	R-S/SIT # <i>3458</i>	Licensor <i>Knott</i>	
Received by: <i>[Signature]</i>	Title	Phone	

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Res Care OH Centerburg</i>	Type of visit <i>Standard</i>	Date <i>1/20/17</i>
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Violation(s)/Comment(s)

Facility is scheduled to close March 31, 2017. Contact Health Dept if there is a change in this date.

Inspected by <i>[Signature]</i>	R.S./SIT # <i>3458</i>	Licenser <i>Knott</i>
Received by <i>Marie Justice</i>	Title	Phone