

State of Ohio
Food Inspection Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Country Club Center/Apartments</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>113</i>	Date <i>10/29/19</i>
Address <i>1350 Yanger Rd.</i>	City/Zip Code <i>Mt. Vernon 143050</i>		
License holder <i>Country Club Rehab Center</i>	Inspection Time	Travel Time	Category/Descriptive <i>C45</i>
Type of Inspection (check all that apply) <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow up date (if required)	Water sample date/result (if required)

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Compliance Status

Supervision

- 1 IN OUT N/A Person in charge present, demonstrates knowledge, and performs duties
- 2 IN OUT N/A Certified Food Protection Manager

Employee Health

- 3 IN OUT N/A Management, food employees and conditional employee knowledge, responsibilities and reporting
- 4 IN OUT N/A Proper use of restriction and exclusion
- 5 IN OUT N/A Procedures for responding to vomiting and diarrheal events

Good Hygienic Practices

- 6 IN OUT N/O Proper eating, tasting, drinking, or tobacco use
- 7 IN OUT N/O No discharge from eyes, nose, and mouth

Preventing Contamination by Hands

- 8 IN OUT N/O Hands clean and properly washed
- 9 IN OUT N/A No bare hand contact with ready-to-eat foods or approved alternate method properly followed

Approved Source

- 10 IN OUT N/A Adequate handwashing facilities supplied & accessible
- 11 IN OUT Food obtained from approved source
- 12 IN OUT N/A N/O Food received at proper temperature
- 13 IN OUT Food in good condition, safe, and unadulterated
- 14 IN OUT N/A N/O Required records available; shelfstock tags, parasite destruction

Protection from Contamination

- 15 IN OUT N/A N/O Food separated and protected
- 16 IN OUT N/A N/O Food-contact surfaces: cleaned and sanitized
- 17 IN OUT Proper disposition of returned, previously served, reconditioned, and unsafe food

Time/Temperature Controlled for Safety Food (TCS food)

- 18 IN OUT N/A N/O Proper cooking time and temperatures
- 19 IN OUT N/A N/O Proper reheating procedures for hot holding
washed potatoes reheated to 119°F
- 20 IN OUT N/A N/O Proper cooling time and temperatures
- 21 IN OUT N/A N/O Proper hot holding temperatures
*mashed potatoes = 113°F
bologna = 47°F (just sliced)*
- 22 IN OUT N/A Proper cold holding temperatures
hamburger = 38°F, meat loaf = 37°F

Compliance Status

Time/Temperature Controlled for Safety Food (TCS food)

- 23 IN OUT N/A N/O Proper date marking and disposition
- 24 IN OUT N/A N/O Time as a public health control procedures & records

Consumer Advisory

- 25 IN OUT N/A Consumer advisory provided for raw or undercooked foods

Highly Susceptible Populations

- 26 IN OUT N/A Pasteurized foods used prohibited foods not offered

Chemical

- 27 IN OUT N/A Food additives: approved and properly used
- 28 IN OUT N/A Toxic substances properly identified, stored, used

Conformance with Approved Procedures

- 29 IN OUT N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
- 30 IN OUT N/A N/O Special Requirements: Fresh Juice Production
- 31 IN OUT N/A N/O Special Requirements: Heat Treatment Dispensing Freezers
- 32 IN OUT N/A N/O Special Requirements: Custom Processing
- 33 IN OUT N/A N/O Special Requirements: Bulk Water Machine Criteria
- 34 IN OUT N/A N/O Special Requirements: Acidified White Rice Preparation Criteria
- 35 IN OUT N/A Critical Control Point Inspection
- 36 IN OUT N/A Process Review
- 37 IN OUT N/A Variance

Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

Public health interventions are control measures to prevent foodborne illness or injury.

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GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.
 Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Safe Food and Water		Utensils, Equipment and Vending	
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input type="checkbox"/> OUT
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	57	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	58	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Identification		60	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Administrative	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils		Cream of pot / bacon ch Meat loaf = 39 pot / bacon ch	
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		



Observations and Corrective Actions

Mark "X" in appropriate box for COS and R: COS=corrected on-site during inspection R=repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
10/35/57	5.1	C	Observed water at handsink in dining room at 81°F. Water must be at least 100°F at handsinks. Correct immediately.	<input type="checkbox"/>	<input type="checkbox"/>
19/21/05	3.4	C	Observed mashed potatoes holding at 113°F in steam table. Mashed potatoes were put in oven and brought out at 119°F. Mashed potatoes must be reheated to at least 165°F and held in steam table at 135°F or more. Correct procedures immediately. Mashed potatoes were eventually reheated to 177°F.	<input type="checkbox"/>	<input type="checkbox"/>
54			Observed water in top of grill / e p p unit. Ensure unit is functioning properly. Eliminate standing water.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge Emin C... (Signature)	Date: 02 9
Sanitarian (Signature)	Licensor: Knox

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL

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Observations and Corrective Actions (continued)

Mark "X" in appropriate box for COS and R: COS=corrected on-site during inspection R=repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
<i>54</i>	<i>5.1</i>		<i>Observed standing water under the handsink in the cabinet in the "A Wing" - Water has penetrated boards and rotted them - Eliminate source of water repair up cabinet - Make smooth / easily cleanable</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>62</i>	<i>4.5</i>		<i>- Clean debris from under dishwasher area - Replace missing / cracked floor tiles where needed - Make smooth / easily cleanable. - Secure FRP to wall behind dishwasher - Seal properly - Clean debris along floor / wall junctures - Make wall smooth / easily cleanable where dishwasher was removed in "A Wing"</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Violations from last inspection have been corrected</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>★ Critical control point Elements - (Item 35)</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>II - 100°F Observed mashed potatoes not hot holding or reheated properly - Discussed proper reheating with PIC</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>III - 100°F water not present in handsink in dining room - Correct immediately</i>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>Positive</i>	<i>IV - Documentation provided for Certified Food Manager</i>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>Positive</i>	<i>III - Observed employee handling lettuce with gloves</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Contact Health Dept. for reinspection</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Eric Carter</i>	Date: <i>10-29-19</i>
Sanitarian: <i>[Signature]</i>	Licenser: <i>KNOX</i>

PRIORITY LEVEL: C = CRITICAL NG = NON-CRITICAL