



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN	10:45 am	TIME OUT	12:45 pm
DATE	Oct. 18, 2016	PAGE	1 of 2

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: Rocky Creek Ranch Residential Care		OWNER: Clifton Talley	PERSON IN CHARGE: Gwenda Nelson	
ADDRESS: 1286 Matthews Lane		ESTABLISHMENT NUMBER: 4804	COUNTY: St. Francois	
CITY/ZIP: Park Hills 63601		PHONE: (t573)562-7751	FAX: (573)562-7843	P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input type="checkbox"/> DELI SUMMER F.P. <input type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS				
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____				
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		WATER SUPPLY <input type="checkbox"/> COMMUNITY <input checked="" type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled <u>6/7/2016</u> Results <u>Satisfactory</u>

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cooking, time and temperature		
Employee Health				<input checked="" type="checkbox"/> OUT N/O N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures		
Good Hygienic Practices				<input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> OUT N/A	Time as a public health control (procedures / records)		
Preventing Contamination by Hands				<input checked="" type="checkbox"/> OUT N/A	Consumer Advisory		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> OUT N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
Approved Source				<input checked="" type="checkbox"/> OUT N/A	Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<input checked="" type="checkbox"/> IN OUT N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
Protection from Contamination				The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item			
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected						
<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
Food Temperature Control				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			Utensils, Equipment and Vending				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Food Identification				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean		
Prevention of Food Contamination				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Gwenda Nelson</i> Gwenda Nelson		Date: October 18, 2016	
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: Oct. 28, 2016



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ESTABLISHMENT NAME Rocky Creek Ranch Residential Care		ADDRESS 1286 Matthews Lane	CITY /ZIP Park Hills 63601
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Ambient, Whirlpool freezer	20	Whirlpool refrigerator: ambient, beef & gravy, hamburger	40, 38, 39
Ambient, GE chest freezer	0	Ge refrigerator: ambient, hamburger, raw egg	40, 34, 45
Ambient, GE freezer	8	Cheddar and rice chicken, oven	173 to 199
Hamburgers, reheated	170		

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
NOTE	Ice was not available due to inadequate storage space. Ice is needed to calibrate the metal stemmed cook's thermometers and to cool foods. Please provide a storage area for ice (store ice as a ready-to-eat food). If an ice machine is installed, provide an indirect drain for the melt water. If the unit is water-cooled, provide backflow prevention on the water inlet line into the system; locate unit close to handwashing sink.		GN
NOTE	According to manager, plans are to make the walk-in cooler usable for holding food cold. Please seal the floor drain that is inside the cooler to prevent sewage back-up into the cooler, drain the condensation water to the outside of the cooler, shield the light bulb or use shatter-resistant bulb, make the floor smooth and cleanable, and seal all holes in the walls.		
3-501.17A	Food in the refrigerator was labeled with the date of preparation. Fully-cooked and ready-to-eat food that is potentially hazardous and held for more than 24 hours shall be labeled with the date of disposition, which is the day of opening (if commercially sealed) or day of preparation, plus an additional six days. Please label food with a date of disposition.	10/18/16	
4-202.11A	Two frying pans were observed with the non-stick coating deteriorating. Food contact surfaces shall be smooth and free of imperfections. Please discard pans when coating deteriorates. CORRECTED ON SITE by discarding pans.	COS 10/18/16	
7-202.11A	A container of Roundup was stored in the cabinet below the handwashing sink in the bathroom off the dining room. Only toxins necessary for the operation of the food facility may be stored inside the food facility area. Please remove herbicide from bathroom.		
7-202.11B	Containers of dish soap and degreaser were stored on the drainboard of the 3-vat sink. Chemicals shall be stored where where equipment, clean linens, food, or single-use items cannot be contaminated. Please store cleaners below the sink or in an area designated for chemicals.	10/18/16	

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
4-302.14	There were no test strips available to measure the concentration of chlorine in sanitizer solutions. Test strips that measure chlorine between 50 and 100 ppm shall be available at all times. Please provide.	10/28/16	GN
6-501.12A	Debris observed on the floor beneath the counter/shelves next to the stove. Physical facilities shall be kept clean. Please clean beneath equipment as often as needed to keep clean.	10/20/16	
6-501.111D	A wood insert was placed in a hole cut in the wall above the electrical box in the room with the mop sink. The insert was not sealed, leaving a gap between the wall and ceiling and the insert. Please seal around edges of wood to reduce areas for pests to hide.	10/28/16	
6-501.112	Dead insects and other debris observed on the floor of the previous walk-in cooler. Dead insects shall be removed and facility kept clean. Please clean floor in this room.	10/28/16	
6-202.11A	The bulb inside the GE refrigerator did not appear to be shatter resistant. Bulbs in food storage areas shall be shatter resistant or shielded. Please provide a shield over the bulb, or install a shatter-resistant bulb.	10/28/16	
4-904.11B	Utensils were stored with the handles down in a container by the flat top stove. Utensils shall be stored with the handles up to prevent contamination of food-contact surface when retrieved. Please store handles-up.	10/18/16	
4-203.11A	The cook's thermometers did not appear to be accurate. Thermometer shall be accurate to +/- 1F. Please calibrate thermometers frequently to ensure correct temperature measurement.	10/19/16	
4-101.17A	A wood spoon was stored on the clean equipment rack. Wood is not allowed for food-contact surfaces except hard maple rolling pins or cutting boards. Please remove from facility. CORRECTED ON SITE by disposing of spoon.	COS	
NOTE	The water is from a DNR regulated well. Please provide a copy of the Permit to Dispense at follow-up		

EDUCATION PROVIDED OR COMMENTS

Lunch Menu: cheddar chicken and broccoli/rice, rolls; hamburger or hot dog; milk, juice, fruit. COOLING Procedure: cool food from 135 to 70F within 2 hours, and from 70F to 41F within another four hours. If first benchmark not met, reheat to 165F and begin process again.

Person in Charge / Title <i>Sunda Alson</i> Gwenda Nelson	Date: October 18, 2016
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947 EPHS No. 1390 Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: Oct. 28, 2016