



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

TIME IN	9:22 am	TIME OUT	12:20 pm
DATE	Dec. 15, 2017	PAGE	1 of 4

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: Bonne Terre Senior Nutrition Center		OWNER: Aging Matters	PERSON IN CHARGE: Cher Robinson		
ADDRESS: 114 North Allen Street		ESTABLISHMENT NUMBER: 4800	COUNTY: St. Francois		
CITY/ZIP: Bonne Terre, MO 63628		PHONE: (573)358-3726	FAX: (573)358-3726	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 checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____		

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	Management awareness; policy present			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O N/A	Proper cooling time and temperatures		
Good Hygienic Practices							
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
Preventing Contamination by Hands							
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Consumer Advisory		
Approved Source							
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Chemical		
Protection from Contamination							
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected			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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			<input type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
Food Temperature Control									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			Utensils, Equipment and Vending				
Food Identification									
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Prevention of Food Contamination									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			Physical Facilities				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Cher Robinson</i> Cher Robinson		Date: December 15, 2017	
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: Dec. 22, 2017



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

ESTABLISHMENT NAME Bonne Terre Senior Nutrition Center		ADDRESS 114 North Allen Street	CITY /ZIP Bonne Terre, MO 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	
True Dessert cooler, dining room, ambient		40	Hot hold steam table: egg casserole, eggs over easy yolk	
			Hot hold steam table: hashbrowns, sausage	
			Cold hold bar: cottage cheese, hard boiled egg	
			Milk in dispenser: chocolate, white	

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
----------------	----------------	-------------------	---------

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.**

NOTE 5-205.11B	DINING AREA There is one single-vat sink and one 2-vat sink located in the dining room. Both were designated as handwashing sinks, and both had evidence that they were being used for purposes other than handwashing (large debris in drain, a cleaning bucket in one vat). Handwashing sinks shall be used only for handwashing. Note that it may be best to designate only one sink for a handwashing sink in this area to allow the use of the other sinks for dump or filling pitchers, etc. If only one sink is to be used for handwashing, designate it with signage and provide soap and towels only at that sink.	12/22/17	<i>CR</i>
4-601.11A	The inside surfaces of the chutes in the water and ice dispensers were dirty. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the chutes at least daily.	12/15/17	
4-601.11A	One coffee cup had coffee splatters on the outside. CORRECTED ON SITE by moving to dirty dish tub.	COS	
4-601.11A	The insides of the cappucino dispensers were clogged with moist powders. Please clean the dispensers at least daily.	12/15/17	
4-601.11A	PREPARATION/SALAD AREA Dried food debris observed on the the blade, and metal shavings behind the blade, on the table-mounted can opener. Food contact surfaces shall be clean to sight and touch, and food shall be protected from physical contamination. Please clean and sanitize entire blade and blade area after use.	12/15/17	

Code Reference	CORE ITEMS	Correct by (date)	Initial
----------------	------------	-------------------	---------

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.**

4-601.11C	DINING AREA Debris observed inside several of the cabinets and drawers below the beverage counter. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean cabinets and drawers that have debris in them.	12/22/17	<i>CR</i>
4-903.11A	Clean glasses were stored adjacent to the sink where they may be contaminated from splash. Please install a splash shield between the sink and the counter if clean equipment, utensils, linens, food, or single use items are located next to the sink.		
3-302.12	Empty plastic gallon containers were stored next to the 2-vat sink. Liquid was observed inside of some labeled as Arizona Green Tea. According to staff, the containers were used by the gardeners to water plants. Please remove or obliterate the label, and label as "water for plants" to prevent its use for other purposes.		
4-903.11A	Single-use clamshells were stored on the floor in the storage closet. Please store 6 inches off floor.		
3-304.12B	KITCHEN The handle of a scoop, stored in the bulk container of flour, was in contact with the flour. Handles shall be stored above the surface of the food. Please ensure all employees store handle so it does not touch food.		
4-601.11B	Accumulation of baked on debris observed on the bottoms of the Duke double-door ovens. Please clean ovens at a frequency to prevent accumulation of baked on debris.		
4-601.11C	Debris and grease observed on back and shelf (including the underside of the shelf) of the gas range. Please clean as often as needed to prevent debris accumulation.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title <i>[Signature]</i> Cher Robinson		Date: December 15, 2017
Inspector: <i>[Signature]</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: Dec. 22, 2017



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

ESTABLISHMENT NAME Bonne Terre Senior Nutrition Center		ADDRESS 114 North Allen Street		CITY /ZIP Bonne Terre, MO 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Danby chest freezer, ambient, prep room		5	Glass front cooler, prep room: ambient, beets, eggs		31, 38, 40
Frigidaire chest freezer, ambient, prep room		2			

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
----------------	----------------	-------------------	---------

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.**

NOTE	This facility heat seals individual plates of food, then places them in the chest freezer. It is possible the film that is used to seal the plates does not allow passage of oxygen, thereby creating an anaerobic environment that may allow the growth of certain pathogens if the food is not handled in a manner to control their growth. Please provide information concerning the oxygen permeability of the film that is used for sealing the plates.	12/22/17	CR
3-801.11	Breakfast is served every Friday morning. Pasteurized liquid eggs are used to prepare egg casserole and scrambled eggs. Unpasteurized, raw shell eggs are used to prepare easy-over eggs that are held hot before service. This facility serves a highly susceptible population. Eggs that are not pasteurized may not be used to prepare eggs for hot holding. However, they may be used to prepare individual orders that are fully cooked and served immediately. Undercooked (soft served) eggs may not be served to a highly susceptible population. Please use only pasteurized shell eggs or egg product to prepare foods that are held before service. (Exception is eggs used to prepare baked foods such as muffins, cakes, breads, etc.) and fully cook all foods made with raw eggs to the minimum required temperature for hot holding.	12/22/17	
4-601.11A	PREPARATION/SALAD AREA Debris observed on the InstaCut slicer. Food contact surfacers shall be clean to sight and touch. Please use a brush to clean all surfaces of the cutter, then wash, rinse, and sanitize cutter after use.	12/15/17	

Code Reference	CORE ITEMS	Correct by (date)	Initial
----------------	------------	-------------------	---------

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.**

4-601.11C	KITCHEN, continued Accumulation of grease in the deep fryer cabinet. Please clean inside of cabinet.	12/22/17	CR
6-501.12A	Accumulation of debris on the floor observed beneath the ovens, deep fryer, tables, and shelves. Physical facilities shall be cleaned at a frequency to prevent debris accumulation. Please clean floor.	↓	
6-501.12A	Food splatters observed on the wall behind the work table in the cooking area. Please clean wall as often as needed to keep clean.		
4-601.11C	Debris observed on the lids on the bulk containers of corn meal, chicken base, and beef base. Please clean lids as often as needed to keep clean.		
5-205.11B	PREPARATION/SALAD ROOM The handwashing sink was used as a dump, as the vat was filled with ice. Please use handwashing sinks only for handwashing.		
4-904.11B	Plastic utensils, stored vertically in a container, were stored with their handles down, exposing the food contact surfaces to contamination when retrieved for use. Clean equipment shall be protected from contamination while in storage. Please store clean utensils with their handles up.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title:  Cher Robinson		Date: December 15, 2017
Inspector:  Rose Mier	Telephone No. (573)-431-1947	EPHS No. 1390
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: Dec. 22, 2017



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

ESTABLISHMENT NAME Bonne Terre Senior Nutrition Center	ADDRESS 114 North Allen Street	CITY / ZIP Bonne Terre, MO 63628
---	-----------------------------------	-------------------------------------

FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
		Walk-in cooler: ambient, cut lettuce, chicken gravy	35, 36, 35
		Walk in freezer, ambient	10

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
----------------	----------------	-------------------	---------

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.**

--	--	--	--

Code Reference	CORE ITEMS	Correct by (date)	Initial
----------------	------------	-------------------	---------

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.**

3-305.11A 6-501.14A	STORAGA AREA Ice was stored on the floor in the walk-in freezer. Please store food a minimum of six inches off the floor. Accumulation of dust observed on the grate for the air-intake vent, and the HVAC filter was not in place. Ventilation systems shall not be a source of contamination. Please install filter and clean covering grate.	12/22/17	CR
4-501.14 4-501.14	WAREWASHING AREA A foam cover was fastened onto the sprayer hose handle at the pre-clean sink. This prevents the handle from being cleaned effectively. Please remove to allow the handle to be cleaned at least daily. Lime build-up and debris observed on top of the mechanical warewashing machine. Warewashing equipment shall be cleaned at least daily. Please clean top of machine.	↓	

EDUCATION PROVIDED OR COMMENTS

--	--	--	--

Person in Charge Title:	Cher Robinson	Date: December 15, 2017
Inspector:	Rose Mier	Telephone No. (573)431-1947 EPHS No. 1390
		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: Dec. 22, 2017