



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

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|---------|--------------|----------|----------|
| TIME IN | 9:17 am | TIME OUT | 11:22 am |
| DATE | Dec. 6, 2017 | PAGE | 1 of 3 |

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.

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|--|--|---|
| ESTABLISHMENT NAME: Southeast Missouri Behavioral Health | OWNER: SEMO LTC, Inc. | PERSON IN CHARGE: Michelle Miller, Food Service Supv. |
| ADDRESS: 5536 Highway 32 | ESTABLISHMENT NUMBER: 1319 | COUNTY: St. Francois |
| CITY/ZIP: Farmington 63640 | PHONE: 573.756-5749 | FAX: 573.756-7451 |
| PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____ | | P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input checked="" type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS | | |
| 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Proper cooking, time and temperature | <input checked="" type="checkbox"/> | |
| | Employee Health | | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Management awareness; policy present | | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Proper cooling time and temperatures | | |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Proper use of reporting, restriction and exclusion | | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Proper eating, tasting, drinking or tobacco use | | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | No discharge from eyes, nose and mouth | | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Time as a public health control (procedures / records) | | |
| | Preventing Contamination by Hands | | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Consumer Advisory | | |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Hands clean and properly washed | | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Highly Susceptible Populations | | |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Adequate handwashing facilities supplied & accessible | | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Pasteurized foods used, prohibited foods not offered | | |
| | Approved Source | | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Chemical | | |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Food obtained from approved source | | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Food additives: approved and properly used | | |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Food received at proper temperature | | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Toxic substances properly identified, stored and used | | |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Food in good condition, safe and unadulterated | | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Conformance with Approved Procedures | | |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Required records available: shellstock tags, parasite destruction | | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 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"/> <input type="checkbox"/> <input type="checkbox"/> | Food separated and protected | | | | | | |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Food-contact surfaces cleaned & sanitized | <input checked="" type="checkbox"/> | | | | | |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Utensils, equipment and linens: properly stored, dried, handled | <input checked="" type="checkbox"/> | |
| | | Food Temperature Control | | | <input checked="" 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 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Utensils, Equipment and Vending | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Thermometers provided and accurate | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| | | Food Identification | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used | <input checked="" type="checkbox"/> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food properly labeled; original container | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Nonfood-contact surfaces clean | <input checked="" type="checkbox"/> | |
| | | Prevention of Food Contamination | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical Facilities | | |
| <input checked="" type="checkbox"/> | <input 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"/> | <input checked="" type="checkbox"/> | Fruits and vegetables washed before use | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean | <input checked="" type="checkbox"/> | |

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|---|-------------------------------------|-----------------------------|---|
| Person in Charge /Title: <i>Michelle Miller</i> | Michelle Miller, Food Service Supv. | Date: | December 6, 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: | email health pol |



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|--|--|----------------------------|--------------------------------|-------------------------------|--------------|
| ESTABLISHMENT NAME Southeast Missouri Behavioral Health | | ADDRESS 5536 Highway 32 | | CITY /ZIP Farmington 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| True glass-front cooler | | 33 | Hamburger patties | | 141-145 |
| Walk-in freezer, ambient | | 1 | Walk-in cooler: ambient, gravy | | 36, 37 |
| | | | | | |
| | | | | | |

| 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 |
|----------------|---|--|---------|
| 4-601.11A | Debris observed on the area around the nozzles of the coffee dispenser. Please wash, rinse, and sanitize areas of dispenser where food touches/splatters at least daily. CORRECTED ON SITE by cleaning | COS | |
| 4-601.11A | Debris observed on a large plastic lid, stored on the shelf below the island work table. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize lid. CORRECTED ON SITE by taking to warewashing area for cleaning. | COS | |
| 3-401.11A | Hamburger patties had internal temperatures between 141F and 145F after cooking. Ground meat shall be cooked to a minimum temperature of 155F for 15 seconds. Please use a calibrated thermometer to ensure food reaches minimum cooking temperatures. CORRECTED ON SITE by disposing of the bread and cheese on which patties were placed and reheating patties to 161-190F for 15 seconds. | COS | |
| 2-201.11 | An employee illness policy was not available upon request. Please develop a policy that is based on chapter 2 of the Missouri Food Code (2-201.11, 2-201.12, 2-201.13) and/or the FDA Employee Health and Personal Hygiene Handbook (copy provided). You may state that all food employees will read specified pages and sign a reporting agreement (see pages 5-17 and 37-38 in the Handbook). Both the Missouri Food Code and the FDA Handbook is available online, and copies may be made. Please email this policy to the health center when completed. Email to: rose.mier@sfchealth.org NOTE: a copy of this report will be emailed to Diane Brewer. | 12/10/17 please email policy to this office | |

| 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 |
|----------------|---|-------------------|---------|
| 4-601.11A | Debris observed in the cabinet holding the trash can in the dining room. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean trash can cabinets when trash is emptied. CORRECTED ON SITE by cleaning | COS | |
| 4-601.11A | Debris observed in the cabinet below the beverage dispensers in the dining room. CORRECTED ON SITE by cleaning cabinet. | COS | |
| 6-501.12A | The bases of the staff toilets (men's and women's) were dirty. Toilets shall be clean. Please clean all surfaces of toilets daily. CORRECTED ON SITE by cleaning toilet bases. | COS | |
| 4-903.11A | Debris observed inside a plastic tub holding juice glasses below the ice dispenser. Clean equipment shall be protected while in storage. Please clean and sanitize holders as often as needed to keep clean. CORRECTED ON SITE by cleaning container and glasses. | COS | |
| 4-601.11A | Accumulation of dust observed on the shelves holding clean equipment below the serving line. Please clean shelves as often as needed to protect stored equipment. CORRECTED ON SITE by cleaning | COS | |
| 4-901.11A | Bowls stored on shelf below hot hold serving line were wet nested. Equipment shall be air dried after cleaning. Please reclean all wet bowls and allow complete air drying before storing nested. COS by cleaning | COS | |
| 4-903.11A | Plastic containers held food-grade plastic bags, stored on the shelf above the island work station. Debris was observed inside several of the containers. Please clean and sanitize holders as often as needed to protect the bags from contamination. CORRECTED ON SITE by cleaning | COS | |
| 5-205.15B | Hot water was turned off at the faucet for the sanitizing vat at the 3-vat sink. According to manager, there is a leak in the faucet. Parts have been ordered for repair. Plumbing shall be maintained in good repair. | 12/15/17 | M M |
| 5-205.15B | A leak was observed below the sanitizing vat of the 3-vat sink. Please repair leak. | 12/15/17 | |

EDUCATION PROVIDED OR COMMENTS

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| Person in Charge/Title: <i>Michelle Miller</i> R. S. J. | Michelle Miller, Food Service Supervisor | Date: December 6, 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: email health pg# |



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| ESTABLISHMENT NAME Southeast Missouri Behavioral Health | | ADDRESS 5536 Highway 32 | | CITY /ZIP Farmington 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
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| 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 |
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| 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 |
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| 4-903.11A | Debris observed inside a container holding scoops, stored on the shelf by the stove. Please clean container and equipment held in the container. Containers holding clean equipment should be covered when not in use to protect equipment from contamination. CORRECTED ON SITE by cleaning | COS | |
| 4-601.11A | A greasy coating was felt on the wall shelf holding containers of utensils next to the stove. Please clean shelf as often as needed to keep clean. CORRECTED ON SITE by cleaning | COS | |
| 4-501.11B | The handle on the True glass front cooler was broken. Equipment shall be maintained in good repair. Please repair handle. | 12/30/17 | M/W |
| 4-203.12A | The food thermometers were not accurate, reading 20 and 10F when the actual temperature was 32.5F. Food thermometers shall be accurate to +/- 2F. One of the thermometers was not functioning and was discarded. The other thermometers were calibrated to accuracy. CORRECTED ON SITE by calibrating | COS | |
| 6-501.12A | Black mold was observed on the condenser unit inside the walk-in cooler. Please clean and sanitize area with mold growth. CORRECTED ON SITE by cleaning | COS | |
| 4-601.11A | Accumulation of debris on the walk-in cooler door where hands touch. Please clean as often as needed to keep clean. CORRECTED ON SITE by cleaning. | COS | |
| 4-501.14 | Accumulation of debris observed in the handle area of the pre-clean nozzle at the warewashing area. Warewashing equipment shall be cleaned at least daily. CORRECTED ON SITE by cleaning | COS | |
| 4-501.14 | Accumulation of debris observed on the doors on the warewashing machine. Please clean all surfaces of the machine at least daily. CORRECTED ON SITE by cleaning | COS | |
| 3-302.15A | According to manager, bananas are not washed prior to serving. All produce shall be washed prior to serving whole, cutting, peeling, or cooking. COS by discussion with staff | COS | |

| EDUCATION PROVIDED OR COMMENTS | | | |
|--------------------------------|--|--|--|
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|--|------------------------------|------------------------|--|
| Person in Charge /Title: <i>Michelle Miller</i> Michelle Miller, Food Service Supervisor | | Date: December 6, 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: email health pg# |