

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

Name of facility <i>Versailles rehab health center</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>297</i>	Date <i>8/29/23</i>
Address <i>200 Warner rd</i>	City/State/Zip Code <i>Versailles, OH 45386</i>		
License holder <i>CROWN HEALTHCARE GROUP</i>	Inspection Time <i>7C</i>	Travel Time <i>40</i>	Category/Descriptive <i>CUS</i>
Type of Inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input 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	Compliance Status	
Supervision		
1. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties	23. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	
2. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager	24. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records	
Employee Health		
3. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting	Consumer Advisory	
4. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion	25. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods	
5. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events	Highly Susceptible Populations	
Good Hygienic Practices		
6. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use	26. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered	
7. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	Chemical	
Preventing Contamination by Hands		
8. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed	27. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Food additives: approved and properly used	
9. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed	28. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used	
10. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible	Conformance with Approved Procedures	
Approved Source		
11. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source	29. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
12. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	30. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production	
13. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated	31. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers	
14. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: shellstock tags, parasite destruction	32. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing	
Protection from Contamination		
15. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	33. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Bulk Water Machine Criteria	
16. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned and sanitized	34. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Acidified White Rice Preparation Criteria	
17. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food	35. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Critical Control Point Inspection	
Time/Temperature Controlled for Safety Food (TCS food)		
18. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures	36. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Process Review	
19. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding	37. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Variance	
20. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures	<p>Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	
21. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures		
22. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures		

