

# Food Establishment Inspection Report

Page 1 of 3

Local Health Department Name and Address Woodford County Health Department 1831 S. Main Street, Eureka, IL 61530		No. of Risk Factor/Intervention Violations <b>1</b>	Date 11/16/2023
Establishment The Loft Rehabilitation and Nursing Home		License/Permit # 23 077	Time In 9:35 AM
Street Address 700 N. Main Street		No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time Out 11:20 AM
City/State Eureka, IL		ZIP Code 61530	Permit Holder The Loft Rehabilitation and Nursing LLC
			Risk Category I
		Purpose of Inspection Routine Inspection	

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle 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  
 Mark "X" in appropriate box for COS and/or R  
**COS**=corrected on-site during inspection    **R**=repeat violation

Compliance Status		COS	R
<b>Supervision</b>			
1	In	Person in charge present, demonstrates knowledge, and performs duties	
2	In	Certified Food Protection Manager (CFPM)	
<b>Employee Health</b>			
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting	
4	In	Proper use of restriction and exclusion	
5	In	Procedures for responding to vomiting and diarrheal events	
<b>Good Hygienic Practices</b>			
6	In	Proper eating, tasting, drinking, or tobacco use	
7	In	No discharge from eyes, nose, and mouth	
<b>Preventing Contamination by Hands</b>			
8	In	Hands clean and properly washed	
9	In	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	
10	In	Adequate handwashing sinks properly supplied and accessible	
<b>Approved Source</b>			
11	In	Food obtained from approved source	
12	N/O	Food received at proper temperature	
13	In	Food in good condition, safe, and unadulterated	
14	N/A	Required records available: shellstock tags, parasite destruction	

Compliance Status		COS	R
<b>Protection from Contamination</b>			
15	In	Food separated and protected	
16	Out	Food-contact surfaces; cleaned and sanitized	X
17	In	Proper disposition of returned, previously served, reconditioned and unsafe food	
<b>Time/Temperature Control for Safety</b>			
18	In	Proper cooking time and temperatures	
19	N/O	Proper reheating procedures for hot holding	
20	In	Proper cooling time and temperature	
21	In	Proper hot holding temperatures	
22	In	Proper cold holding temperatures	
23	In	Proper date marking and disposition	
24	N/A	Time as a Public Health Control; procedures & records	
<b>Consumer Advisory</b>			
25	N/A	Consumer advisory provided for raw/undercooked food	
<b>Highly Susceptible Populations</b>			
26	In	Pasteurized foods used; prohibited foods not offered	
<b>Food/Color Additives and Toxic Substances</b>			
27	N/A	Food additives: approved and properly used	
28	In	Toxic substances properly identified, stored, and used	
<b>Conformance with Approved Procedures</b>			
29	N/A	Compliance with variance/specialized process/HACCP	

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.  
 Mark "X" in box if numbered item is not in compliance    Mark "X" in appropriate box for COS and/or R    **COS**=corrected on-site during inspection    **R**=repeat violation

Compliance Status		COS	R
<b>Safe Food and Water</b>			
30		Pasteurized eggs used where required	
31		Water and ice from approved source	
32		Variance obtained for specialized processing methods	
<b>Food Temperature Control</b>			
33		Proper cooling methods used; adequate equipment for temperature control	
34		Plant food properly cooked for hot holding	
35		Approved thawing methods used	
36		Thermometers provided & accurate	
<b>Food Identification</b>			
37		Food properly labeled; original container	
<b>Prevention of Food Contamination</b>			
38		Insects, rodents, and animals not present	
39		Contamination prevented during food preparation, storage and display	
40		Personal cleanliness	
41		Wiping cloths: properly used and stored	
42		Washing fruits and vegetables	

Compliance Status		COS	R
<b>Proper Use of Utensils</b>			
43		In-use utensils: properly stored	
44		Utensils, equipment & linens: properly stored, dried, & handled	
45		Single-use/single-service articles: properly stored and used	
46		Gloves used properly	
<b>Utensils, Equipment and Vending</b>			
47		Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
48	X	Warewashing facilities: installed, maintained, & used; test strips	
49		Non-food contact surfaces clean	
<b>Physical Facilities</b>			
50		Hot and cold water available; adequate pressure	
51		Plumbing installed; proper backflow devices	
52		Sewage and waste water properly disposed	
53		Toilet facilities: properly constructed, supplied, & cleaned	
54		Garbage & refuse properly disposed; facilities maintained	
55	X	Physical facilities installed, maintained, and clean	
56		Adequate ventilation and lighting; designated areas used	
<b>Employee Training</b>			
57		All food employees have food handler training	
58		Allergen training as required	

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Page 2 of 3

Establishment: The Loft Rehabilitation and Nursing Home

Establishment #: 23 077

Water Supply: ☒ Public ☐ Private Waste Water System: ☒ Public ☐ Private

Sanitizer Type: Chlorine/Quaternary ammonium

PPM: <25/200

Heat: N/A

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Diced potatoes/oven	172	Ham/WIC	36	Cut lettuce/WIC	37
Caesar chicken/oven	171	Omelet/WIC	37	Half 'n' half/WIC	37
		Salisbury steak/WIC	36		
		Broccoli/WIC	38		
		Sauerkraut/WIC	37		
		Sausage-cooling/WIC	73		
		Milk/RIC	39		
		Milk/WIC	38		
		Shredded cheese/WIC	38		

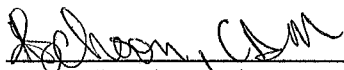
## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
16	4-501.114 (Pf) Observed with chlorine test kit concentration of chlorine sanitizing rinse at mechanical warewashing machine measured less than 50 ppm of chlorine, wash water temperature indicated 130° F, and rinse water temperature indicated 93° F. Using chlorine test kit provided at facility, concentration of chlorine sanitizing rinse at mechanical warewashing machine measured less than 50 ppm of chlorine. A chlorine solution shall have a minimum temperature based on the concentration and pH of the solution: 25-49 ppm when the water temperature is at least 120° F or 50-99 ppm when the water temperature is at least 75° F. Person-in-charge instructed food employees to use 3-compartment sink for warewashing until the dishwasher is repaired during inspection. Person-in-charge contacted repair company during inspection & stated last maintenance was around 11-7-23.
48	4-501.14 (C) Observed top of mechanical warewashing machine soiled with accumulated debris and hard water deposits. A warewashing machine used for washing and rinsing equipment and utensils shall be cleaned: (A) before use; (B) throughout the day at a frequency necessary to prevent recontamination of equipment and utensils and to ensure that the equipment performs its intended function; and (C) If used, at least every 24 hours. Please correct this violation within 90 days or at least by next routine inspection.
55	6-501.12 (C) Observed in WIF back wall below condenser unit and lower corners of floor by door soiled with accumulated debris and condensation ice. Physical facilities shall be cleaned as often as necessary to keep them clean. Please correct this violation within 90 days or at least by next routine inspection.

CFPM Verification (name, expiration date, ID#): Amy Schoon


Amy Schoon 20690497 - ServSafe Exp. 6/2026	Ron Ganther 1309009 - Always Food Safe Exp. 4/2027	Lisa Crow 21659722 - NRFSP Exp. 1/2025
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HACCP Topic: TCS food temperature requirements, no bare hand contact with ready-to-eat food, sanitization requirements

  
Person in Charge (Signature)

Nov 16, 2023

Date

  
Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date: \_\_\_\_\_

# Food Establishment Inspection Report

Establishment: The Loft Rehabilitation and Nursing Home

Establishment #: 23 077

[illegible]

Person in Charge (Signature)

Nov 16, 2023

Date \_\_\_\_\_

Paul Wilkins  
Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date: