

# Food Establishment Inspection Report

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Local Health Department and Address Woodford County Health Department 1831 S. Main Street Eureka, IL 61530		Number of Risk Factor/ Intervention Violations 1		Date 5/13/2025
		Number of Repeat Risk Factor/ Intervention Violations 0		Time In 11:05 AM
				Time Out 12:55 PM
Establishment The Loft Rehabilitation and Nursing Home		Phone (309) 467-2337		Email
Address 700 N. Main Street		City/State Eureka, IL		ZIP Code 61530
License/Permit # 25 176		Permit Holder The Loft Rehabilitation and Nursing LLC		Purpose of Inspection Routine Risk Category I

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in the appropriate box for COS and/or R

IN: In compliance OUT: not in compliance N/O: not observed N/A: not applicable COS: corrected on-site during inspection R: repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.

Public health interventions are control measures to prevent foodborne illness or injury.

#	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 product 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 are properly supplied and accessible.		
<b>Approved Source</b>				
11	IN	Food obtained from an approved source.		
12	N/O	Food received at the proper temperature.		
13	IN	Food in good condition, safe, and unadulterated.		
14	N/A	Required records available: molluscan shellfish identification, and parasite destruction.		

#	Compliance Status		COS	R
<b>Protection from Contamination</b>				
15	IN	Food is 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 and records.		
<b>Consumer Advisory</b>				
25	N/A	Consumer advisory is provided for raw/undercooked food.		
<b>Highly Susceptible Populations</b>				
26	IN	Pasteurized foods are used; prohibited foods are not offered.		
<b>Food/Color Additives and Toxic Substances</b>				
27	N/A	Food additives: approved and properly used.		
28	IN	Toxic substances are 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 the box if the numbered item is not in compliance

Mark "X" in the appropriate box for COS and/or R

COS: Corrected on-site during inspection R: Repeat violation

#	X	Compliance Status	COS	R
<b>Safe Food and Water</b>				
30		Pasteurized eggs are used where required.		
31		Water and ice from an approved source.		
32		Variance obtained for specialized processing methods.		
<b>Food Temperature Control</b>				
33		Proper cooling methods are used; adequate equipment for temperature control.		
34		Plant food properly cooked for hot holding.		
35		Approved thawing methods used.		
36		Thermometers are provided and 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 is prevented during food preparation, storage, and display.		
40		Personal cleanliness.		
41		Wiping cloths: properly used and stored.		
42		Washing fruits, vegetables, and other plant food.		
<b>Proper Use of Utensils</b>				
43		In-use utensils: properly stored.		

#	X	Compliance Status	COS	R
<b>Proper Use of Utensils (continued)</b>				
44		Utensils, equipment, and linens: properly stored, dried, and handled.		
45		Single use/single service articles are 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		Warewashing facilities: installed, maintained, and used; test strips.		
49		Non-food contact surfaces are clean.		
<b>Physical Facilities</b>				
50		Hot and cold water available; adequate pressure.		
51		Plumbing installed; proper backflow devices.		
52		Sewage and wastewater properly disposed.		
53		Toilet facilities: properly constructed, supplied, and cleaned.		
54		Garbage and refuse are properly disposed; facilities are maintained.		
55	X	Physical facilities installed, maintained, and cleaned.		
56	X	Adequate ventilation and lighting; designated areas used.		
<b>Food Handler and Allergen Awareness</b>				
57		Food handler training 410 ILCS 625/ 3.06.		
58		Allergen awareness training for CFPM 410 ILCS 625/3.07 (rest. only).		
59		Allergen awareness notice 410 ILCS 625/3.08 (rest. only).		

Person in Charge (Signature) *Diana Mosher*

Date: 5/13/2025

Inspector (Signature) *Paul Wilkins*

*(EL)*

Follow-up: ☐ YES ☒ NO (Check one) Follow-up Date: \_\_\_\_\_

# Food Establishment Inspection Report

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Establishment: The Loft Rehabilitation and Nursing Home

Establishment #: 25 176

Water Supply: ☒ Public ☐ Private

Waste Water System: ☒ Public ☐ Private

Sanitizer Type: Quaternary ammonium/Chlorine

PPM: 200/100

Heat: N/O

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Beef cube pepper steak/steam table	186	Milk/WIC	39		
French onion rice/steam table	189	Shredded cheese/WIC	39		
Peas/steam table	179	Sliced cheese/WIC	38		
Green beans/steam table	156	Peeled hard boiled eggs/WIC	36		
Mashed potatoes/steam table	156	Green beans-cooling/WIC	57		
Brown gravy/steam table	172	Peeled hard boiled eggs-cooling/WIC	45		
		Deli sandwiches/WIC	41		
		Dreamsicle dessert/RIC	39		

## NOTES

Please correct any core (C) violations noted below ASAP but at least by next routine inspection

Facility is still classified as a Category I food establishment

The person-in-charge shall have CFPM certification and be on the premises during all hours of operation

Food handler certification is required for all food employees without CFPM certification. "Food employee" means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces. Food handler certification is required within 30 days from the hire date of food employees and valid for three (3) years from date of issuance.

Ensure compliance with Smoke-Free IL Act - public places and places of employment must be completely smoke-free inside

CFPM Verification (name, expiration date, ID#): Anna Michels

Anna Michels  
23266366 - ServSafe  
Exp. 2/2028

Ron Ganther  
1309009 - Always Food Safe  
Exp. 4/2027

LuAnn Kennedy  
L2SC-3-039398 - Learn 2 Serve  
Exp. 3/2029

Christopher Hawley  
1ha9f9-k3h1ggk - State Food Safety  
Exp. 3/2029

HACCP Topic: TCS food date marking & temperature requirements, no bare hand contact with ready-to-eat food, sanitizing concentrations

Illinois Requirements: ☐ Use of **non-latex** gloves for food handling and preparation **410 ILCS 180/10.**

☐ Appropriate **default beverage** for children's meal **410 ILCS 620/21.5.**

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
16	4-501.114 (P) Observed at mechanical warewashing machine concentration of chlorine rinse measured 100 ppm of chlorine and water temperature indicated 100° F. Using chlorine test kit provided at establishment, chlorine sanitizing solution measured 100 ppm. A chemical sanitizer used in a sanitizing solution for a manual or mechanical operation at contact times specified under ¶4-703.11(C) shall meet the criteria specified under §7-204.11 Sanitizers, Criteria, shall be used in accordance with the EPA-registered label use instructions, and shall have a concentration of 50 - 99 ppm when the water temperature is 75° F - 119° F or 25-49 ppm when the water temperature is 120° F or above.

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