



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

| | |
|---------------------|----------------------|
| DATE 03/29/2017 | Page 1 of 3 |
| TIME IN 10:18 AM | TIME OUT 11:13 AM |

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 Golden Age Living Center | | OWNER CMAAA | PERSON IN CHARGE Susie Hilman | |
| ADDRESS 1500 West Springfield | | ESTABLISHMENT LICENSE NO. | | COUNTY Phelps |
| CITY/ZIP CODE St. James 65559 | | TELEPHONE NUMBER (573) 265-7072 | FAX NUMBER | REGION I |
| WATER SUPPLY Community Date Sampled: N/A Result: N/A | | FROZEN DESSERT N/A Expires: N/A License Number: N/A | | |
| SEWAGE DISPOSAL Public | | P.H. PRIORITY H | | |

| | | | | |
|-------------------------------------|-----------------------------------|---|--------------------------------------|--|
| ESTABLISHMENT TYPE | | PURPOSE | | |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> C. Store | <input type="checkbox"/> Caterer | <input type="checkbox"/> Deli | <input type="checkbox"/> Grocery Store |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> School | <input checked="" type="checkbox"/> Senior Center | <input type="checkbox"/> Summer F.P. | <input type="checkbox"/> Institution |
| | | <input type="checkbox"/> Mobile | | |
| | | <input type="checkbox"/> Tavern | | |
| | | <input type="checkbox"/> Temporary | | |
| | | Routine | | |

| FOOD PRODUCT | TEMP. (°F) | LOCATION | FOOD PRODUCT | TEMP. (°F) | LOCATION |
|--------------|------------|------------------------|----------------|------------|----------------------|
| Ambient Air | 36 | Hobart Refrigerator | Potato Salad | 37 | Salad Bar |
| Pork Chops | 141 | Hobart Oven (Hot Hold) | Ambient Air | 35 | Cube Refrigerator |
| Ambient Air | 35 | Kenmore Refrigerator | Ambient Air | 36 | Crosley Refrigerator |
| Stew | 156 | Crockpot | Mac and Cheese | 154 | Hot Hold |

RISK FACTORS AND INTERVENTIONS

Management and Personnel

| | |
|---------------|---------------------------------|
| In Compliance | 2-1 Supervision |
| In Compliance | 2-2 Employee Health |
| In Compliance | 2-3 Personal Cleanliness |
| In Compliance | 2-4 Hygienic Practices |

Food

| | |
|--------------------------|--|
| In Compliance | 3-1 Characteristics |
| In Compliance | 3-2 Sources, Specifications, and Original Containers and Records |
| In Compliance | 3-3 Protection From Contamination After Receiving |
| In Compliance | 3-4 Destruction Of Organisms Of Public Health Concern |
| Not In Compliance | 3-5 Limitation Of Growth Of Organisms Of Public Health Concern <u>Priority</u> <i>Failure to properly date label all refrigerated, ready-to-eat potentially hazardous food. Observed open gallon of milk in Haier cube refrigerator to not be properly date labeled.</i> 3-501.17 Ready-to-eat, potentially hazardous food prepared on the premise or commercially processed shall be date marked to show when the food was prepared, or opened, frozen, or thawed to indicate the date by which the food shall be consumed. Correct By: Corrected On-site |
| In Compliance | 3-6 Food Identity, Presentation, and On-Premises Labeling |
| In Compliance | 3-7 Contaminated Food |
| Not Applicable | 3-8 Special Requirements for Highly Susceptible Populations |

Equipment, Utensils, and Linens

| | |
|---------------|--|
| In Compliance | 4-1 Materials For Construction and Repair |
| In Compliance | 4-2 Design and Construction |
| In Compliance | 4-3 Numbers and Practices |
| In Compliance | 4-4 Location and Installation |
| In Compliance | 4-5 Maintenance and Operation |
| In Compliance | 4-6 Cleaning Of Equipment and Utensils |



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RISK FACTORS AND INTERVENTIONS

Equipment, Utensils, and Linens

| | |
|--------------------------|---|
| In Compliance | 4-7 Sanitization Of Equipment and Utensils |
| Not Applicable | 4-8 Laundering |
| Not In Compliance | 4-9 Protection Of Clean Items Core <i>Single-service items stored on the floor in the back storage room.</i> 4-903.11 Cleaned equipment, utensils, laundered linens, and single-service items shall be stored in a clean, dry location where they are not exposed to contamination and shall be at least 6 inches above the floor. Clean equipment and utensils shall be stored in a self-draining position that allows air drying and shall be covered or inverted. Single-service items shall be kept in the original protective package or other means that afford protection until used. Correct By: Corrected On-site |

Water, Plumbing, and Waste

| | |
|----------------|---|
| In Compliance | 5-1 Water |
| In Compliance | 5-2 Plumbing System |
| Not Applicable | 5-3 Mobile Water Tank and Mobile Food Establishment Water Tank |
| In Compliance | 5-4 Sewage, Other Liquid Waste, and Rainwater |
| In Compliance | 5-5 Refuse, Recyclables, and Returnables |

Physical Facilities

| | |
|--------------------------|---|
| In Compliance | 6-1 Materials For Construction and Repair |
| In Compliance | 6-2 Design, Construction, and Installation |
| Not In Compliance | 6-3 Numbers and Capacities Core <i>No towels at the employee handsink.</i> 6-301.12 Each handwashing lavatory/group of adjacent lavatories shall be provided with individual, disposable towels, or a continuous towel system that supplies the user with a clean towel, or a heated-air hand drying device. Correct By: Corrected On-site |
| In Compliance | 6-4 Location and Placement |
| In Compliance | 6-5 Maintenance and Operation |

Poisonous or Toxic Materials

| | |
|----------------|--|
| In Compliance | 7-1 Labeling and Identification |
| In Compliance | 7-2 Operational Supplies and Applications |
| Not Applicable | 7-3 Stock and Retail Sale |

Compliance and Enforcement

| | |
|----------------|--|
| Not Applicable | 8-1 Modifications |
| Not Applicable | 8-2 HACCP Plan |
| Not Applicable | 8-3 Qualifications and Responsibilities |
| Not Applicable | 8-4 Ceasing Operations and Reporting |



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RISK FACTORS AND INTERVENTIONS

(This area is currently blank for risk factors and interventions.)

ACKNOWLEDGEMENT OF CRITICAL AND NON CRITICAL ITEMS

By initialing here you, as the person in charge, acknowledge the following:
 I am receiving the inspection report based on today's inspection, this inspection denoted 1 priority violations and 2 core violations of the food code. *JK*
 I am aware of each violation and the compliance date for each violation.
 I have had ample opportunity to discuss each violation with the official who conducted the inspection.

EDUCATION PROVIDED OR COMMENTS

(This area is currently blank for education provided or comments.)

INSPECTION INFORMATION

| | |
|--|--------------------------|
| RECEIVED BY (PERSON IN CHARGE/TITLE) Susie Hilman / Head Cook <i>Susie Hilman</i> | DATE 03/29/2017 |
| INSPECTOR/TELEPHONE NUMBER John Campbell / (573) 458-6010 <i>John Campbell</i> | EPHS NO. 1572 |
| FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | DATE OF FOLLOW-UP N/A |