

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AUTHORITY: Health - General Article §21-211-21-313 and 21-314, Annotated Code of Maryland

Food Service Facility Inspection Report

Date 3/3/2016	Time In 10:55 AM	Time Out 12:10 PM	Purpose of Inspection <input type="checkbox"/> Comprehensive <input type="checkbox"/> Outbreak Investigation <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Follow-up <input type="checkbox"/> Other Select...	Priority High
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Establishment Anchorage Nursing & Rehabilitation Center	Address 105 Times Square	City / State Salisbury, MD	Zip Code 21801
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License Number 19	License Holder Steven Ballone	Telephone 4107492474	# of Seats	Handwash Signs Select...
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Certified Manager Name (If required)

Based on an inspection on this date, the items marked below identify violations of COMAR 10.15.03, regulations governing Food Service Facilities. Failure to comply with any time limits may result in suspension or revocation of your Food Service facility license, and may subject you to other penalties specified in Health-General Article §21-1214 & 1215, Annotated Code of Maryland.

CRITICAL ITEMS		Mark "X" in appropriate box for COS and R
Critical items are food safety requirements which must be followed to reduce the incidence of food-related illness and injury		
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable	COS = corrected on-site during inspection R = repeat violation	COS R

Compliance Status	Food Source and Protection	COS	R
1 In	Food obtained from approved sources	<input type="checkbox"/>	<input type="checkbox"/>
2 In	Food separated and protected from adulteration, spoilage, and contamination	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health and Hand Washing			
3 In	Food workers with infection or diarrhea restricted in accordance with COMAR 10.06.01	<input type="checkbox"/>	<input type="checkbox"/>
4 In	Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>
Potentially Hazardous Food			
5 Not Observed	Cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
6a In	Cold holding temperature	<input type="checkbox"/>	<input type="checkbox"/>
6b Out	Hot holding temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7a Not Observed	Cooking time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
7b Not Observed	Reheating time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
Water and Sewage			
8 In	Potable hot and cold running water provided.	<input type="checkbox"/>	<input type="checkbox"/>
9 Select...	Sewage discharged in accordance with all applicable State and local codes	<input type="checkbox"/>	<input type="checkbox"/>

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

Food Temperature Control	COS	R	Utensils and Equipment-Design, Installation and Storage	COS	R
10 <input type="checkbox"/> Thawing methods	<input type="checkbox"/>	<input type="checkbox"/>	23 <input type="checkbox"/> Single-use/single-service articles: use, storage, dispensing	<input type="checkbox"/>	<input type="checkbox"/>
11 <input type="checkbox"/> Cooling methods	<input type="checkbox"/>	<input type="checkbox"/>	24 <input type="checkbox"/> Food-contact surfaces and equipment: cleaned and sanitized, storage	<input type="checkbox"/>	<input type="checkbox"/>
12 <input type="checkbox"/> Time-only: procedures and record keeping	<input type="checkbox"/>	<input type="checkbox"/>	25 <input type="checkbox"/> Food-contact surfaces and equipment: properly designed, constructed and used	<input type="checkbox"/>	<input type="checkbox"/>
13 <input type="checkbox"/> Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>	26 <input type="checkbox"/> Warewashing facilities: installed, maintained, used, test strips	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification			Physical Facilities		
14 <input type="checkbox"/> Labeling accurate, truthful, date	<input type="checkbox"/>	<input type="checkbox"/>	27 <input type="checkbox"/> Garbage/refuse properly disposed: facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>
15 <input type="checkbox"/> Required records available: shellfish tags, egg records	<input type="checkbox"/>	<input type="checkbox"/>	28 <input type="checkbox"/> Plumbing installed: proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Adulteration, Spoilage and Contamination			29 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>
16 <input type="checkbox"/> Adulteration, spoilage and contamination practices during food preparation, storage and display	<input type="checkbox"/>	<input type="checkbox"/>	30 <input checked="" type="checkbox"/> Physical facilities and non-food-contact surfaces installed, maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>
17 <input type="checkbox"/> Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	31 <input checked="" type="checkbox"/> Adequate ventilation and lighting	<input type="checkbox"/>	<input type="checkbox"/>
			Miscellaneous		
18 <input type="checkbox"/> No bare hand contact with ready-to-eat food and proper utensil use	<input type="checkbox"/>	<input type="checkbox"/>	32 <input type="checkbox"/> Required postings: license, choking poster, consumer advisory	<input type="checkbox"/>	<input type="checkbox"/>
19 <input type="checkbox"/> Adequate hand washing facilities supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>	33 <input type="checkbox"/> HACCP plan complies with requirements in COMAR 10.15.03	<input type="checkbox"/>	<input type="checkbox"/>
20 <input type="checkbox"/> Toxic substances: use, storage, labeling	<input type="checkbox"/>	<input type="checkbox"/>	Critical items must be corrected immediately. Good Retail Practices must be corrected within 30 days or as specified in written compliance schedule, while Temporary Facilities must correct Good Retail Practices within 24 hours.		
21 <input type="checkbox"/> Wiping cloths: properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>			
22 <input type="checkbox"/> Insects, rodents, and animals: not present, control means	<input type="checkbox"/>	<input type="checkbox"/>			

	Received by: Paul Trichel Date: 3/3/2016
	Inspected by: Regina Timmons Contact Number: Ph. 410-546-4446 Follow-up Yes Follow-up Date 4/4/2016

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Food Service Facility Monitoring and Observation Report

Purpose of Inspection <input type="checkbox"/> Comprehensive <input type="checkbox"/> Outbreak Investigation <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Follow-up <input type="checkbox"/> Other Select...		License Number 19	Date 3/3/2016
Establishment Anchorage Nursing & Rehabilitation ...	Address 105 Times Square	City / State Salisbury, MD	Zip Code 21801
Telephone 4107492474			

TEMPERATURE OBSERVATIONS

Item/Location	CCP	Temp °F V	Item/Location	CCP	Temp °F V
Two door reach in Butter/sausage		32F <input type="checkbox"/>	Walk in freezer		Froze... <input type="checkbox"/>
Walk in cooler Egg salad and chicken salad		40F <input type="checkbox"/>	Milk Cooler		38F <input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS

ITEM NUMBER	CORRECTED	OBSERVATIONS & CORRECTIVE ACTIONS
6b - Hot holding temperature	<input checked="" type="checkbox"/>	Puree Pork 102F, Puree Corn 102 F and Puree Peas 105 F. All hot holding foods are to maintain 135F or above. Observed holding the food on top of the hot unit covered in plastic. Educated Manager when holding food hot it has to maintain 135F and above or hold at 41F and then re-heat. Corrective action taken and the food was moved to the walk in cooler.
31 - Adequate ventilation and lighting	<input type="checkbox"/>	Observed lightning inside the walk in freezer not working properly. This violation has been addressed on past inspections. Please have maintenance change out the valance if un-able to repair. A minimum of 20 foot of lightning is required inside the freezer.
31 - Adequate ventilation and lighting	<input checked="" type="checkbox"/>	Light bulbs inside storage area one section not working. Replace bulbs.
30 - Physical facilities and non-food contact surfaces installed, maintained and cleaned	<input checked="" type="checkbox"/>	Mop observed stored on the floor inside storage room. Please make sure mops are stored off the floor when not in use. Corrected at inspection.
NOTES	<input type="checkbox"/>	Left Allergen Poster and the Big Five poster.
NOTES	<input type="checkbox"/>	Critical violation observed today with hot holding. If observed within a 12 month period of inspections. A repeat fee of \$200 will be issued. Other violations noted in the report will have ot be corrected in 30 days. If not a repeat fee of \$100 will be issued. Contact Regina Timmons at 4510-546-4446.
NOTES	<input type="checkbox"/>	regina.timmons@maryland.gov

Date: 3/3/2016

Person in Charge (Signature):

Phone (410) 546-4446

Inspector (Signature):