



# Texas Department of State Health Services Retail Food Establishment Inspection Report



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Date: <b>12-19-22</b>	Time in: <b>10:15 am</b>	Time out: <b>11:00 am</b>	License/Permit #	Est. Type	Risk Category	Page <b>1</b> of <b>1</b>
Purpose of Inspection: <input type="checkbox"/> 1-Compliance <input checked="" type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other						
Establishment Name: <b>Greenville Health + Rehab</b>			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS:	
Physical Address: <b>4910 Wellington</b>			City/County: <b>Greenville</b>	Zip Code: <b>75402</b>	Phone:	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Circle one)

A-

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation  
Mark the appropriate points in the OUT box for each numbered item Mark ✓ a checkmark in appropriate box for IN, NO, NA, COS Mark an asterisk \* in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action, not to exceed 3 days					
Compliance Status	Item	Compliance Status	Item	Compliance Status	Item
OUT	IN	NO	NA	COS	R
<b>Time and Temperature for Food Safety (F = degrees Fahrenheit)</b>					
					<b>Employee Health</b>
					<b>Preventing Contamination by Hands</b>
					<b>Highly Susceptible Populations</b>
					<b>Chemicals</b>
					<b>Water/Plumbing</b>
					<b>Food Temperature Control/Identification</b>
					<b>Utensils, Equipment, and Vending</b>
					<b>Food Identification</b>
					<b>Physical Facilities</b>

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days					
Compliance Status	Item	Compliance Status	Item	Compliance Status	Item
OUT	IN	NO	NA	COS	R
<b>Demonstration of Knowledge/Personnel</b>					
<b>Safe Water, Recordkeeping and Food Package Labeling</b>					
<b>Conformance with Approved Procedures</b>					
<b>Consumer Advisory</b>					
<b>Permit Requirement, Prerequisite for Operation</b>					
<b>Prevention of Food Contamination</b>					
<b>Proper Use of Utensils</b>					

Received by: <i>[Signature]</i>	Print: <b>T. Neulshan R.S</b>	Title: Person In Charge/ Owner
Inspected by: <i>[Signature]</i>	Print: <b>T. Neulshan R.S</b>	Business Email:

Form EH-06 (Revised 09-2015)

22\* Monitor walk in temperature 49-50°F, 41°F or below

23\* Hot water in employee restroom at minimum 100°F

43\* Clean dust build up on exhaust fan, Register Certified Food manager