

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20	2 / 23 / 2016	ST. DOMINIC'S SENIOR CARE HOME (CAFETERIA)
Follow-up				TIME IN	TIME OUT
Complaint			RATING	12:55 PM	3:25 PM
Investigation			C	SANITARY PERMIT NO.	PERMIT HOLDER
Other:				150002783	ST. DOMINIC'S SENIOR CARE HOME
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
CAFETERIA			4	632-9370	3
					No. of Repeat Risk Factor/Intervention Violations
					1
					RISK CATEGORY
					4

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in 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    PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performance duties			6
<b>Employee Health</b>						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	IN	OUT	N/A	N/O	Proper eating, tasting, drinking, betelnut, or tobacco use	6
5	IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth	6
<b>Preventing Contamination by Hands</b>						
6	IN	OUT	N/A	N/O	Hands clean and properly washed	6
7	IN	OUT	N/A	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	6
8	IN	OUT	Adequate handwashing facilities supplied & accessible		6	
<b>Approved Source</b>						
9	IN	OUT	Food obtained from approved source		6	
10	IN	OUT	N/A	N/O	Food received at proper temperature	6
11	IN	OUT	Food in good condition, safe, and unadulterated		6	
12	IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction	6
<b>Protection from Contamination</b>						
13	IN	OUT	N/A	Food separated and protected	6	
14	IN	OUT	N/A	Food contact surfaces: cleaned & sanitized	6	
15	IN	OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food		6	

  

Compliance Status				COS	R	PTS
<b>Potentially Hazardous Food (TCS Food)</b>						
16	IN	OUT	N/A	N/O	Proper cooking time and temperatures	6
17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	6
18	IN	OUT	N/A	N/O	Proper cooling time and temperature	6
19	IN	OUT	N/A	N/O	Proper hot holding temperatures	6
20	IN	OUT	N/A	Proper cold holding temperatures	6	
21	IN	OUT	N/A	N/O	Proper date marking and disposition	6
<b>Consumer Advisory</b>						
22	IN	OUT	N/A	Consumer Advisory provided for raw or undercooked foods	6	
<b>Highly Susceptible Populations</b>						
23	IN	OUT	N/A	Pasteurized Foods used; prohibited foods not offered	6	
<b>Chemical</b>						
24	IN	OUT	N/A	Food additives: approved and properly used	6	
25	IN	OUT	Toxic substances properly identified, stored, used		6	
<b>Conformance with Approved Procedures</b>						
26	IN	OUT	N/A	Compliance with variance, specialized process, and HACCP plan	X	6

Risk factors are improper 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.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R.    COS =Corrected on-site during inspection    R=Repeat violation    PTS =Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27		Pasteurized eggs used where required			1	
28		Water and Ice from approved source			2	
29		Variance obtained for specialized processing methods			1	
<b>Food Temperature Control</b>						
30		Proper cooling methods used; adequate equipment for temperature control			1	
31		Plant food properly cooked for hot holding			1	
32		Approved thawing methods used			1	
33		Thermometer provided and accurate			1	
<b>Food Identification</b>						
34		Food properly labeled; original container			1	
<b>Prevention of Food Contamination</b>						
35		Insects, rodents, and animals not present			2	
36		Contamination prevented during food preparation, storage & display			1	
37		Personal cleanliness			1	
38		Wiping cloths: properly used and stored			1	
39		Washing fruits and vegetables			1	

  

Compliance Status				COS	R	PTS
<b>Proper Use of Utensils</b>						
40		In-use utensils: properly stored			1	
41		Utensils, equipment and linens: properly stored, dried, handled			1	
42		Single-use/single-service articles: properly stored, used			1	
43		Gloves used properly			1	
<b>Utensils, Equipment and Vending</b>						
44		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1	
45	X	Warewashing facilities: installed, maintained, used; test strips			1	
46	X	Nonfood-contact surfaces clean			1	
<b>Physical Facilities</b>						
47		Hot & cold water available, adequate pressure			2	
48		Plumbing installed; proper backflow devices			2	
49		Sewage and wastewater properly disposed			2	
50		Toilet facilities: properly constructed, supplied, & cleaned			2	
51		Garbage/refuse properly disposed; facilities maintained			2	
52		Physical facilities installed, maintained, and clean			1	
53	X	Adequate ventilation and lighting; designated areas use		X	1	

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) <i>MaryLou Ganzon</i>	Date: 2/23/16	
DEH Inspector (Print and Sign) <i>R. DELMUNDO EPHO III</i>	Follow-up (Circle one): <b>YES</b> NO    Follow-up Date: <i>03/04/16</i>	

Food Establishment Inspection Report

ESTABLISHMENT NAME ST. DOMINIC'S SENIOR CARE HOME (CAFETERIA)		LOCATION (Address) #350 NORTH SABANA DRIVE, BARRIGADA HEIGHTS
INSPECTION DATE 2 / 23 / 2016	SANITARY PERMIT NO. 156002783	PERMIT HOLDER ST. DOMINIC'S SENIOR CARE HOME

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
Rice Soup (hot holding)	121.3°F		
Egg (Cold holding)	40.8°F		
Chadma Soup (hot holding)	133.3°F		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED ON THIS DAY AND THE FOLLOWING VIOLATIONS WERE OBSERVED	
1	PERSON-IN-CHARGE NOT PRESENT; STAFF WITHOUT <del>CERTIFICATION</del> <sup>MANAGERS</sup> <del>CERTIFICATION</del> AND DOES NOT DEMONSTRATE KNOWLEDGE A PERSON-IN-CHARGE SHALL BE PRESENT AT ALL TIMES DURING HOURS OF OPERATIONS AND DEMONSTRATE KNOWLEDGE OF THE GUAM FOOD CODE.	3/4/16
19	PHF/TCS FOODS NOT MEETING HOT-HOLDING TEMPERATURE REQUIREMENTS AND PLACED IN A OVEN THAT WAS TURNED OFF; FOODS WERE COOKED AN HOUR TO AN HOUR AND A HALF BEFORE. ALL PHF/TCS FOODS SHALL MEET HOT-HOLDING TEMPERATURES OF 140°F AND ABOVE	3/4/16
26	THE FOLLOWING LOGS ARE MISSING: - HOT-HOLDING TEMPERATURE LOG FOR TRAY LINE - SANITIZING SOLUTION CONCENTRATION FOR WIPING CLOTH BUCKET - FOOD SAFETY CHECKLIST LOG	3/4/16

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) MaryLou E. Ganzon	Date: 2/23/16
DEH Inspector (Print and Sign) R. DEL MUNDO EPHO II	Date: 02/23/16

Food Establishment Inspection Report

ESTABLISHMENT NAME ST. DOMINIC'S SENIOR CARE HOME (CARETER)		LOCATION (Address) #350 NORTH SABANA DRIVE, BARRIGADA HEIGHTS
INSPECTION DATE 2 / 23 / 2016	SANITARY PERMIT NO. 150002783	PERMIT HOLDER ST. DOMINIC'S SENIOR CARE HOME

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	THE FOLLOWING ARE NOT IN ACCORDANCE TO HACCP PLAN : - INTERNAL TEMPERATURE OF FOOD BEFORE PLACING IN CHILLER AND EVERY 4 HOURS - RECORDING RECEIVING LOG TEMPERATURES - INTERNAL TEMPERATURE OF FOOD BEFORE PLACING IN WARMER AND EVERY 2 HOURS - PHE/TCS FOODS NOT TO EXCEED 30 MINUTES IN ROOM TEMPERATURE	
45	WAREWASHING FINAL RINSE TEMPERATURE NOT MEETING MANUFACTURER'S REQUIREMENT <del>(OBSERVED 45.1°F)</del> (OBSERVED 45.1°F); TEMPERATURE GAUGE READING INCORRECT TEMPERATURE. WAREWASHING FACILITIES SHALL BE MAINTAINED TO ENSURE UTENSILS ARE PROPERLY SANITIZED.	3/24/16
46	SEALS IN REFRIGERATOR ADJACENT TOILET FACILITIES WITH MOLD STAINS AND FOOD PARTICLES. <del>NON-FOOD</del> NON-FOOD-CONTACT SURFACES SHALL BE CLEANED AS OFTEN AS NECESSARY TO PREVENT CROSS CONTAMINATION.	3/24/16
53	LIGHT FIXTURE IN DRY STORAGE AREA ABOVE POTS AND PANS WITHOUT LIGHT SHIELD. ALL LIGHT FIXTURES IN FOOD AND EQUIPMENT STORAGE AREAS SHALL BE PROVIDED WITH LIGHT SHIELDS TO PREVENT PHYSICAL CONTAMINATION. BRIEFED MARYLOU GANZON, DIET. ASSISTANT, ON THE ABOVE. PHOTOS OF VIOLATIONS WERE TAKEN. GRADE WAS DOWNGRADED DUE TO REPEAT VIOLATION #26 FROM INSPECTION CONDUCTED ON 11/10/2015. ISSUED LETTER OF WARNING, REINSPECTION REQUEST, AND "C" GRADE #00254.	COS

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) Marylou Ganzon Ndanzol	Date: 2/23/16
DEH Inspector (Print and Sign) K. DEL MUNDO ECHO III, D. DOMINGUEZ, EPHO I	Date: 02/23/16



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

GOVERNMENT OF GUAM  
P. O. BOX 2816  
HAGATNA, GUAM 96932



Date: 02/23/2016

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ST. DOMINIC'S SENIOR CARE HOME (CAFETERIA)

Name of Establishment

As a result of this inspection, your establishment received a:

LETTER OF WARNING

20/C

(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) Government of Guam working days from the official receipt of this notice to ensure that corrective measures have been taken.

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21.

NOTICE OF CLOSURE

(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you should provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10GCA §21109(b), you may request a hearing within five (5) Government of Guam working days of the date of this notice.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7215 or (fax) 734-5556. Si Yu'us Ma'ase.

Sincerely, (FOR)

Director JAMES W. GILLAN

Issued By: K. DELMUNDO FOR  
Name of Inspector

Received By: Maganza 2/23/16  
Establishment Representative