

**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"/>	I	12 / 27 / 17	GMHA SKILLED NURSING UNIT - DIETETIC SERVICES
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN	TIME OUT
Complaint	<input type="checkbox"/>	<input type="checkbox"/>	RATING	10:05 AM	12:00 PM
Investigation	<input type="checkbox"/>	<input type="checkbox"/>	A	SANITARY PERMIT NO.	PERMIT HOLDER
Other:	<input type="checkbox"/>	<input type="checkbox"/>		170000690	GUAM MEMORIAL HOSPITAL AUTHORITY
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
CAFETERIA			4	633-1818	0
					No. of Repeat Risk Factor/Intervention Violations
					0
					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	Compliance Status		COS	R	PTS
Supervision									
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			6	16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6
Person in charge present, demonstrates knowledge, and performance duties					Proper cooking time and temperatures				
Employee Health									
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			6	17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6
Management awareness, policy present					Proper reheating procedures for hot holding				
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			6	18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6
Proper use of reporting, restriction & exclusion					Proper cooling time and temperature				
Good Hygienic Practices									
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6	19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6
Proper eating, tasting, drinking, betelnut, or tobacco use					Proper hot holding temperatures				
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6	20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A			6
No discharge from eyes, nose, and mouth					Proper cold holding temperatures				
Preventing Contamination by Hands									
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6	21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6
Hands clean and properly washed					Proper date marking and disposition				
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6	Consumer Advisory				
No bare hand contact with ready-to-eat foods or approved alternate method properly followed									
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			6	Consumer Advisory provided for raw or undercooked foods				
Adequate handwashing facilities supplied & accessible					Highly Susceptible Populations				
Approved Source									
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			6	23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A			6
Food obtained from approved source					Pasteurized Foods used; prohibited foods not offered				
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6	Chemical				
Food received at proper temperature									
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			6	24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A			6
Food in good condition, safe, and unadulterated					Food additives: approved and properly used				
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6	25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			6
Required records available: shellstock tags, parasite destruction					Toxic substances properly identified, stored, used				
Protection from Contamination									
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A			6	Conformance with Approved Procedures				
Food separated and protected									
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A			6	26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A			6
Food contact surfaces: cleaned & sanitized					Compliance with variance, specialized process, and HACCP plan				
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			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.				
Proper disposition of returned, previously served, reconditioned, and unsafe food									

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	Compliance Status		COS	R	PTS
Safe Food and Water									
27	<input type="checkbox"/>			1	Proper Use of Utensils				
Pasteurized eggs used where required									
28	<input type="checkbox"/>			2	40	<input type="checkbox"/>			1
Water and ice from approved source					In-use utensils: properly stored				
29	<input type="checkbox"/>			1	41	<input type="checkbox"/>			1
Variance obtained for specialized processing methods					Utensils, equipment and linens: properly stored, dried, handled				
Food Temperature Control									
30	<input type="checkbox"/>			1	42	<input type="checkbox"/>			1
Proper cooling methods used; adequate equipment for temperature control					Single-use/single-service articles: properly stored, used				
31	<input type="checkbox"/>			1	43	<input type="checkbox"/>			1
Plant food properly cooked for hot holding					Gloves used properly				
32	<input type="checkbox"/>			1	Utensils, Equipment and Vending				
Approved thawing methods used									
33	<input type="checkbox"/>			1	44	<input checked="" type="checkbox"/>			1
Thermometer provided and accurate					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				
Food Identification									
34	<input type="checkbox"/>			1	45	<input type="checkbox"/>			1
Food properly labeled; original container					Warewashing facilities: installed, maintained, used; test strips				
Prevention of Food Contamination									
35	<input type="checkbox"/>			2	46	<input type="checkbox"/>			1
Insects, rodents, and animals not present					Nonfood-contact surfaces clean				
36	<input type="checkbox"/>			1	Physical Facilities				
Contamination prevented during food preparation, storage & display									
37	<input type="checkbox"/>			1	47	<input type="checkbox"/>			2
Personal cleanliness					Hot & cold water available, adequate pressure				
38	<input type="checkbox"/>			1	48	<input type="checkbox"/>			2
Wiping cloths: properly used and stored					Plumbing installed; proper backflow devices				
39	<input type="checkbox"/>			1	49	<input type="checkbox"/>			2
Washing fruits and vegetables					Sewage and wastewater properly disposed				
					50	<input type="checkbox"/>			2
					Toilet facilities: properly constructed, supplied, & cleaned				
					51	<input type="checkbox"/>			2
					Garbage/refuse properly disposed; facilities maintained				
					52	<input checked="" type="checkbox"/>			1
					Physical facilities installed, maintained, and clean				
					53	<input checked="" type="checkbox"/>			1
					Adequate ventilation and lighting; designated areas use				

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) Rozal Amogueras.com <i>Rozal Amogueras</i>	Date: 12-27-17
DEH Inspector (Print and Sign) K. DUENAS, EPHO II <i>[Signature]</i>	Follow-up (Circle one): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Follow-up Date: 1/26/18

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

ESTABLISHMENT NAME EMHA SKILLED NURSING UNIT- DIETETIC SERVICES		LOCATION (Address) #449 NORTH SABANA DRIVE, BARRIGADA HEIGHTS, GUAM	
INSPECTION DATE 12 / 27 / 17	SANITARY PERMIT NO. 170000690	PERMIT HOLDER GUAM MEMORIAL HOSPITAL AUTHORITY	

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
CHICKEN NOGGO / HOT HOLDING	139.5	RAW FISH / WALK IN CHILLER	41.0
COOKED RICE "	144.5	RAW CHICKEN THIGHS "	42.0/42.5
ROAST PORK "	146.5		
MASHED POTATO "	145.0		
BEEF NOODLE SOUP "	152.5		
CHICKEN ARROZ CALDO "	151.5		
GRAVY	147.0		
RAW GROUND BEEF / WALK IN CHILLER	42.0		
RAW BEEF PATTIES "	40.5		
RAW CUT PORK "	43.5		

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 QUARTERLY INSPECTION WAS CONDUCTED TODAY. PREVIOUS INSPECTION DONE ON 9/11/17 RESULTED IN A 2/A RATING. ALL PREVIOUS VIOLATIONS (ITEMS #52 & 53) WERE CORRECTED. THE FOLLOWING WERE OBSERVED TODAY:	
44	SHELVINGS IN THE WAREWASHING AREA, WALK-IN CHILLER AND FREEZER FOUND WITH RUST. FOOD AND NONFOOD - CONTACT SURFACES SHALL BE KEPT IN GOOD REPAIR TO PREVENT CONTAMINATION OF FOOD AND CLEANED EQUIPMENT.	1/26/18
	PHOTOS WERE TAKEN DURING INSPECTION. PLACARD "A" NO. 02507 REMOVED. ISSUED AND POSTED PLACARD "A" NO. 03091. DISCUSSED THIS REPORT WITH ROZELL ALMOGUERA, DIETETIC TECHNICIAN I.	

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) Rozell M. Almoquera, CDM Dietetic Technician I <i>Rozell Almoquera</i>	Date: 12/27/17
DEH Inspector (Print and Sign) K. OJENAS, EPHO II <i>[Signature]</i> / R. ORIONDO, EPHO I <i>[Signature]</i>	Date: 12/27/17