Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		✓	B	09 / 28 / 2017	ST. DOMINIC'S SENIOR CARE HOME (CAFETERIA)
Follow-up	✓			TIME IN: 9:35 AM / TIME OUT: 11:30 AM	PERMIT HOLDER: ST. DOMINIC'S SENIOR CARE HOME
Complaint			RATING	SANITARY PERMIT NO.	LOCATION (Address)
Investigation			B	170001294	#350 NORTH SABANA DRIVE, BARRIGADA HTS.
Other:					

ESTABLISHMENT TYPE	AREA	TELEPHONE			RISK CATEGORY
CAFETERIA	2	632-9370	No. of Risk Factor/Intervention Violations	2	4
			No. of Repeat Risk Factor/Intervention Violations	1	

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
Supervision					
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health					
2	IN OUT	Management awareness; policy present			6
3	IN OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices					
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
Preventing Contamination by Hands					
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
Approved Source					
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
Protection from Contamination					
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
Potentially Hazardous Food (TCS Food)					
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 temperatures			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
Consumer Advisory					
22	IN OUT N/A	Consumer Advisory provided for raw or undercooked foods			6
Highly Susceptible Populations					
23	IN OUT N/A	Pasteurized foods used; prohibited foods not offered			6
Chemical					
24	IN OUT N/A	Food additives: approved and properly used			6
25	IN OUT	Toxic substances properly identified, stored, used			6
Conformance with Approved Procedures					
26	IN OUT N/A	Compliance with variance, specialized process, and HACCP plan			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
Safe Food and Water					
27		Pasteurized eggs used where required			1
28		Water and ice from approved source			2
29		Variance obtained for specialized processing methods			1
Food Temperature Control					
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
Food Identification					
34		Food properly labeled; original container			1
Prevention of Food Contamination					
35		Insects, rodents, and animals not present			2
36		Contamination prevented during food peparation, 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
Proper Use of Utensils					
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
Utensils, Equipment and Vending					
44		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45		Warewashing facilities: installed, maintained, used; test strips			1
46		Nonfood-contact surfaces clean			1
Physical Facilities					
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	X	Garbage/refuse properly disposed; facilities maintained			2
52	X	Physical facilities installed, maintained, and clean			1
53	X	Adequate ventilation and lighting; designated areas use			1
Documents and Placards					
54		Sanitary Permit, Health Certificates valid and posted			2

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): EMELITA R. DE LA CRUZ Emelita R. de la Cruz — Date: 9/28/17

DEH Inspector (Print and Sign): LEILANI NAVARRO, EPHO I — Follow-up (Circle one): YES NO — Follow-up Date: 10/09/17

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ESTABLISHMENT NAME		LOCATION (Address)
ST. DOMINIC'S SENIOR CARE HOME		#350 NORTH SABANA DRIVE, BARRIGADA HTS.
INSPECTION DATE: 09, 28, 2017	SANITARY PERMIT NO.: 170001294	PERMIT HOLDER: ST. DOMINIC'S SENIOR CARE HOME

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
MASHED POTATO / KITCHEN COUNTER	97.0		
RAW BEEF / WALK-IN CHILLER	44.5, 44.0		
RAW SHELLED EGGS / WALK-IN CHILLER	45.5		
PORK WITH VEGETABLES / SERVICE LINE	118.0		
CUT STRING BEANS / SERVICE LINE	91.0		
MASHED POTATO / SERVICE LINE	167.0		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
	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 FOLLOW-UP INSPECTION WAS CONDUCTED TODAY FOR PREVIOUS INSPECTION DATED 09/13/17, WHICH RESULTED IN A GRADE/RATING OF 9/A. ~~THE~~ TWO PREVIOUS VIOLATIONS WERE NOT CORRECTED AS DESCRIBED BELOW AND ONE NEW VIOLATION WAS OBSERVED:	
19	POTENTIALLY HAZARDOUS FOOD (PHF) / TIME AND TEMPERATURE CONTROL FOR SAFETY (TCS) FOOD SUCH AS MASHED POTATO, PORK WITH VEGETABLES, AND STEAMED STRING BEANS DID NOT MEET INTERNAL TEMPERATURE REQUIREMENT FOR HOT HOLDING. SAID FOOD ITEMS WERE DISCARDED. PHF/TCS FOOD SHALL BE KEPT AT INTERNAL TEMPERATURE OF 140°F OR ABOVE FOR HOT HOLDING TO LIMIT PATHOGEN GROWTH AND/OR TOXIN FORMATION.	10/09/17
REPEAT 20	PHF/TCS FOOD (I.E., RAW BEEF) KEPT IN THE WALK-IN CHILLER SINCE YESTERDAY DID NOT MEET TEMPERATURE REQUIREMENT FOR COLD-HOLDING. PHF/TCS FOOD SHALL BE KEPT AT INTERNAL TEMPERATURE OF 41°F OR COLDER FOR COLD HOLDING TO SLOW THE GROWTH OF PATHOGENS.	10/09/17
53	INADEQUATE LIGHTING PROVIDED FOR WALK-IN CHILLER (1.8 FT. CANDLE) AND FREEZER (2.1 FT. CANDLE). FOOD STORAGE AREAS SHALL BE ILLUMINATED WITH AT LEAST 10 FT	10/3/17

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 the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person In Charge (Print and Sign): EMELITA R. DE LA CRUZ Emelita R. de la Cruz — Date: 09/28/17

DEH Inspector (Print and Sign): LEILANI NAVARRO, EPHO I — Date: 09/28/17

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ESTABLISHMENT NAME		LOCATION (Address)
ST. DOMINIC'S SENIOR CARE HOME		#350 NORTH SABANA DRIVE, BARRIGADA HEIGHTS
INSPECTION DATE	SANITARY PERMIT NO.	PERMIT HOLDER
09/28/17	FT0001294	ST. DOMINIC'S SENIOR CARE HOME.

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
	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.	
	CANDLE TO AID IN CLEANING.	
	ESTABLISHMENT IS CURRENTLY USING THE THREE-COMPARTMENT SINK FOR ALL WAREWASHING WHILE THE DISH MACHINE IS BEING SERVICED.	
	PICTURES OF THE VIOLATIONS WERE TAKEN.	
	RETRIEVED "A" PLACARD NO. 02508.	
	POSTED "B" PLACARD NO. 00875.	
	FACILITY'S GRADE IS DOWNGRADED DUE TO REPEAT VIOLATION OF ITEM NO. 20 (COLD HOLDING TEMPERATURE REQUIREMENT).	
	DISCUSSED THIS REPORT WITH MANAGER, EMELITA DELA CRUZ.	

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Person in Charge (Print and Sign)	Date:
EMELITA R. DE LA CRUZ, Emelita R. dela Cruz	9/28/17
DEH Inspector (Print and Sign)	**Date:**
LEILANI NAVARRO, EPHO I	09/28/17