



# FOOD ESTABLISHMENT INSPECTION REPORT

R-10

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street  
Whitinsville, MA 01588

|                   |         |                    |                 |           |
|-------------------|---------|--------------------|-----------------|-----------|
| Inspection Number | Date    | Time In/Out        | Inspection Type | Inspector |
| 0B463             | 3/25/24 | 4:16 PM<br>5:24 PM | Routine         | D.Markman |
| Permit Number     | Risk    | Variance           | Client Type     |           |
| 2024-044          | 2       |                    | Institutional   |           |

## Foodborne Illness Risk Factors and Public Health Interventions

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection Repeat Violations Highlighted in Yellow

| Supervision   | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 | Protection from Contamination (Cont'd)                           | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. PIC present, demonstrates knowledge, and performs duties                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 15. Food separated and protected                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Certified Food Protection Manager  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 16. Food-contact surfaces; cleaned & sanitized                   | 1                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Employee Health   | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 | 17. Proper disposition of returned, previously served,           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Management, food employee and conditional employee knowledge, responsibilities and reporting | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Time/Temperature Control for Safety                              | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 |
| 4. Proper use of restriction and exclusion  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 18. Proper cooking time & temperatures                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. Procedures for responding to vomiting and diarrheal events                                   | 1                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 19. Proper reheating procedures for hot holding                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Good Hygienic Practices   | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 | 20. Proper cooling time and temperature                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. Proper eating, tasting, drinking, or tobacco use   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 21. Proper hot holding temperatures                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. No discharge from eyes, nose, and mouth  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 22. Proper cold holding temperatures                             | 1                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Preventing Contamination by Hands   | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 | 23. Proper date marking and disposition                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8. Hands clean & properly washed  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 24. Time as a Public Health Control; procedures & records        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9. No bare hand contact with RTE food or a pre-approved   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Consumer Advisory  | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 |
| 10. Adequate handwashing sinks supplied and accessible  | 1                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 25. Consumer advisory provided for raw/undercooked food          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Approved Source   | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 | Highly Susceptible Populations                                   | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 |
| 11. Food obtained from approved source  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 26. Pasteurized foods used; prohibited foods not offered         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 12. Food received at proper temperature   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Food/Color Additives and Toxic Substances                        | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 |
| 13. Food in good condition, safe & unadulterated  | 1                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 27. Food additives: approved & properly used                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 14. Required records available: shellstock tags, parasite                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 28. Toxic substances properly identified, stored & used          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Repeat Violations Highlighted in Yellow   | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 | Conformance with Approved Procedures                             | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 |
|   |                                     |                                     |                                     |                                     |                                     | 29. Compliance with variance/specialized process/HACCP           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Good Retail Practices   | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 | Safe Food and Water  | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 |
| 30. Pasteurized eggs used where required  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 31. Water & ice from approved source                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 31. Water & ice from approved source  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 32. Variance obtained for specialized processing methods         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 32. Variance obtained for specialized processing methods  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Food Temperature Control   | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 |
| Food Temperature Control  | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 | 33. Proper cooling methods used; adequate equip. for temp.       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 34. Plant food properly cooked for hot holding  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 34. Plant food properly cooked for hot holding                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 35. Approved thawing methods used   | 1                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 35. Approved thawing methods used                                | 1                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 36. Thermometers provided & accurate  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 36. Thermometers provided & accurate                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Food Identification   | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 | Food Identification  | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 |
| 37. Food properly labeled; original container   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 37. Food properly labeled; original container                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Prevention of Food Contamination  | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 | Prevention of Food Contamination                                 | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 |
| 38. Insects, rodents & animals not present  | 1                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 38. Insects, rodents & animals not present                       | 1                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 39. Contamination prevented in prep, storage & display  | 1                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 39. Contamination prevented in prep, storage & display           | 1                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40. Personal cleanliness  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 40. Personal cleanliness   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 41. Wiping cloths; properly used & stored   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 41. Wiping cloths; properly used & stored                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 42. Washing fruits & vegetables   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 42. Washing fruits & vegetables                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Proper Use of Utensils  | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 | Proper Use of Utensils   | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 |
| 43. In-use utensils: properly stored  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 43. In-use utensils: properly stored                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 44. Utensils, equip. & linens: properly stored, dried & handled                                 | 1                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 44. Utensils, equip. & linens: properly stored, dried & handled  | 1                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 45. Single-use/single-service articles: properly stored & used                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 45. Single-use/single-service articles: properly stored & used   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 46. Gloves used properly  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 46. Gloves used properly   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Utensils, Equipment and Vending   | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 | Utensils, Equipment and Vending                                  | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 |
| 47. All contact surfaces cleanable, properly designed,  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 47. All contact surfaces cleanable, properly designed,           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 48. Warewashing facilities: installed, maintained & used; test                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 48. Warewashing facilities: installed, maintained & used; test   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 49. Non-food contact surfaces clean   | 2                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 49. Non-food contact surfaces clean                              | 2                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Physical Facilities   | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 | Physical Facilities  | IN                                  | OUT                                 | NA                                  | NO                                  | COS                                 |
| 50. Hot & cold water available; adequate pressure   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 50. Hot & cold water available; adequate pressure                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 51. Plumbing installed; proper backflow devices   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 51. Plumbing installed; proper backflow devices                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 52. Sewage & waste water properly disposed  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 52. Sewage & waste water properly disposed                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 53. Toilet facilities: properly constructed, supplied, & cleaned                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 53. Toilet facilities: properly constructed, supplied, & cleaned | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 54. Garbage & refuse properly disposed; facilities maintained                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 54. Garbage & refuse properly disposed; facilities maintained    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 55. Physical facilities installed, maintained & clean   | 2                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 55. Physical facilities installed, maintained & clean            | 2                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 56. Adequate ventilation & lighting; designated areas use                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 56. Adequate ventilation & lighting; designated areas use        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 60. 105 CMR 590 violations / local regulations  | 1                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 60. 105 CMR 590 violations / local regulations                   | 1                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

D. Markman

Max Hanus - Expires

Certificate #:

|          |    |      |        |             |             |
|----------|----|------|--------|-------------|-------------|
| Priority | Pf | Core | Repeat | Risk Factor | Good Retail |
| 2        | 3  | 10   | 1      | 5           | 10          |

Follow Up Required: ☒ Y Follow Up Date: 4/1/2024

# FOOD SAFETY INSPECTION REPORT

Page Number

2

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street

Inspection Number  
0B463

Date  
3/25/24

Time In/Out  
4:16 PM  
5:24 PM

Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

### Employee Health

#### Procedures for Responding to vomiting and diarrheal events

##### 5 2-501.11 Clean-up Vomiting & Diarrheal Events - Establishment -

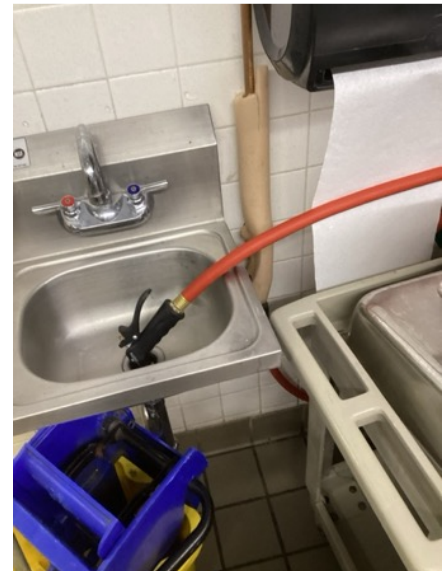
- Pf** Must have access to a bodily fluids clean up kit, to which all staff have access and which all staff may use  
*Code: A food establishment shall have procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter.*

### Preventing Contamination by Hands

#### Adequate handwashing sinks properly supplied and accessible

##### 10 5-205.11 Using a Handwashing Sink - Main Kitchen -

- COS Pf** Handwash sink must not be obstructed or used to store anything, especially a spray hose. Removed by PiC  
*Code: A handwashing facility shall be maintained so that it is accessible at all times for employee use and may not be used for purposes other than handwashing. An automatic handwashing facility shall be used in accordance with manufacturer's instructions.*



### Approved Source

# FOOD SAFETY INSPECTION REPORT

Page Number

3

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street

Inspection Number  
0B463

Date  
3/25/24

Time In/Out  
4:16 PM  
5:24 PM

Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

### Food in good condition, safe & unadulterated

#### 13 3-202.15 Package Integrity - Main Kitchen -

**COS Pf** Dented cans must be discarded, namely if the dent is along the seam or a deep body dent. PiC discarded.  
*Code: Food packages shall be in good condition and protect the integrity of the contents so that the food is not exposed to adulteration or potential contaminants.*



### Protection From Contamination

# FOOD SAFETY INSPECTION REPORT

Page Number

4

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street

Inspection Number  
0B463

Date  
3/25/24

Time In/Out  
4:16 PM  
5:24 PM

Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

### Food-contact surfaces, cleaned & sanitized

16

#### 4-501.114 (A)-(C) Chem.San. Temp./pH/Concentr./Hard. - Main Kitchen -

COS

**Pr** QAC was below 200 ppm. PiC remade the bucket and it was at 300 ppm Code: A chemical sanitizer used in a sanitizing solution for a manual or mechanical operation at contact times specified under paragraph 4-703.11(C) shall meet the criteria specified under section 7-204.11 Sanitizers, Criteria, shall be used in accordance with the EPA-registered label use instructions, and shall be used as follows: A chlorine solution shall have a temperature of 55°F-120°F, depending on water hardness, and concentration range of 25ppm to 100ppm. An iodine solution shall have a minimum temperature of 68°F with a concentration range of 12.5ppm to 25ppm. A quaternary ammonium compound solution shall have a minimum temperature of 75°F, have a concentration as specified under section 7-204.11 and as indicated by the manufacturer's use directions included in the labeling, and be used only in water with 500 MG/L hardness or less or in water having a hardness no greater than specified by the EPA-registered label use instructions.



## Time / Temperature Control for Safety

### Cold Holding Temperature

22

#### 3-501.16 (A)(2) (B) Proper Cold Holding Temps. - Farrell Kitchen -

**Pr** The temperature of the Lactaid (probe) in the 1 door refrigerator was 49.4 degrees. Perishable items in this cooler were discarded by PiC Code: Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under section 3-501.19, and except as specified under paragraph (B) and in paragraph (C) of this section, TCS food shall be maintained at 41°F or less. Eggs that have not been treated to destroy all viable Salmonellae shall be stored in refrigerated equipment that maintains an ambient air temperature of 45°F or less.

## Food Temperature Control

# FOOD SAFETY INSPECTION REPORT

Page Number

5

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street

Inspection Number  
0B463

Date  
3/25/24

Time In/Out  
4:16 PM  
5:24 PM

Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

### Approved thawing methods used

#### 35 3-501.13 (A)-(D) Thawing - Main Kitchen -

COS

- C** Food must be thawed under cold running water, not a small drip. Corrected by PiC Code: *Except as specified in paragraph (D) of this section, TCS food shall be thawed: (A) Under refrigeration that maintains the food temperature at 41°F or less; or (B) Completely submerged under running water: (1) At a water temperature of 70°F or below, (2) With sufficient water velocity to agitate and float off loose particles in an overflow, and (3) For a period of time that does not allow thawed portions of RTE food to rise above 41°F or (4) For a period of time that does not allow thawed portions of a raw animal food requiring cooking as specified under paragraphs 3-401.11(A) or (B) to be above 41°F for more than 4 hours including: (a) The time the food is exposed to the running water and the time needed for preparation for cooking, or (b) The time it takes under refrigeration to lower the food temperature 41°F; (C) As part of a cooking process if the food that is frozen is: (1) Cooked as specified under paragraphs 3-401.11(A) or (B) or section 3-401.12, or (2) Thawed in a microwave oven and immediately transferred to conventional cooking equipment, with no interruption in the process; or (D) Using*



## Prevention of Food Contamination

### Insect, rodents & animals not present

#### 38 6-501.111 (A)(B)(D) Controlling Pests - Establishment -

- C** Monthly pest control report must be accessible at time of inspection as per local regulations. In addition, a monthly grease trap log should also be maintained Code: *The premises shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the premises by: routinely inspecting incoming shipments of food and supplies; routinely inspecting the premises for evidence of pests; and eliminating harborage conditions.*



# FOOD SAFETY INSPECTION REPORT

Page Number

6

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street

Inspection Number  
0B463

Date  
3/25/24

Time In/Out  
4:16 PM  
5:24 PM

Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

### 39 3-305.14 Food Preparation - Main Kitchen -

- C** Must have a barrier preventing splash from Handwash sink from contaminating food contact surfaces and prep areas *Code: During preparation, unpackaged food shall be protected from environmental sources of contamination.*



## Proper Use of Utensils

Uten./equip./linens; properly stored, dried, handled

### 44 4-903.12 Prohibitions (multi-use) - Main Kitchen -

- C** Must have some means of protected sanitized equipment and food contact surfaces from splash from the handwashing sink. This can be accomplished by either a barrier or by moving the items in question. *Code: Cleaned and sanitized equipment, utensils, laundered and linens, may not be stored: in locker rooms; in toilet rooms; in garbage rooms; in mechanical rooms; under sewer lines; under leaking water lines including leaking automatic fire sprinkler heads or under lines on which water has condensed; under open stairwells; or under other sources of contamination.*



# FOOD SAFETY INSPECTION REPORT

Page Number

7

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street

Inspection Number  
0B463

Date  
3/25/24

Time In/Out  
4:16 PM  
5:24 PM

Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

### Utensils, Equipment and Vending

#### Nonfood contact surfaces clean

#### 49 4-601.11 (C) Non- Food Contact Surfaces and Utensils Clean - Main Kitchen -

- C** Drying racks and shelving units must be kept clean of dirt. If this is rust, repair/replace *Code: Nonfood contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.*



#### 49 4-601.11 (C) Non- Food Contact Surfaces and Utensils Clean - Main Kitchen -

- C** Dry storage racks must be free of rust or dirt. Clean/repair/replace *Code: Nonfood contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.*



# FOOD SAFETY INSPECTION REPORT

Page Number

8

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street

Inspection Number  
0B463

Date  
3/25/24

Time In/Out  
4:16 PM  
5:24 PM

Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

### Physical Facilities

**Toilet facilities: properly constructed; supplies & cleaned**

**53 6-501.18 Cleaning of Plumbing Fixtures - Establishment -**

- C** Service sink should be cleaned of discoloration/dirt/chemical build up *Code: Plumbing fixtures such as handwashing sinks, toilets, and urinals shall be cleaned as often as necessary to keep them clean.*



**55 6-501.16 Drying Mops - Main Kitchen -**

- C** Mops must be hung up to dry *Code: After use, mops shall be placed in a position that allows them to air dry without soiling walls, equipment, or supplies.*





# FOOD SAFETY INSPECTION REPORT

Page Number

9

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street

Inspection Number  
0B463

Date  
3/25/24

Time In/Out  
4:16 PM  
5:24 PM

Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

### 55 6-501.11 Repairing - Main Kitchen -

- C** Ceiling tiles in dry storage are water damaged. Replace  
*Code: The physical facilities shall be maintained in good repair.*



## Compliance and Enforcement

### PERMIT TO OPERATE

### 59 8-304.11 (K) Responsibilities of the Permit Holder - Establishment -

- C** Must have access to the last inspection report, and must have a sign informing customers that they can request to view this copy *Code: Upon acceptance of the permit issued by the RA, the permit holder in order to retain the permit shall notify customers that a copy of the most recent establishment inspection report is available upon request by posting a sign or placard in a location in the food establishment that is conspicuous to customers or by another method acceptable to the RA.*

## List 1

IN= In Compliance

OUT = Out of Compliance

NA = Not Applicable

NO= Not Observed

|   |     |
|---|-----|
| Is PIC on site  | IN  |
| Does establishment have copy of inspection policy             | NO  |
| Are the ServSafe, Choke Save and MA Allergy Cert. posted?     | IN  |
| Is a current permit posted?                                   | IN  |
| Is grease trap log provided                                   | OUT |
| Are SOP's in place for cleaning up vomit/diarrheal incidents? | OUT |

The Town of Northbridge Board of Health Food Inspection Procedure Policy can be accessed here:  
[https://www.northbridgemass.org/sites/g/files/vyhliif981/f/uploads/inspectionpolicyfoodestablishments\\_august\\_2022.pdf](https://www.northbridgemass.org/sites/g/files/vyhliif981/f/uploads/inspectionpolicyfoodestablishments_august_2022.pdf)

# FOOD SAFETY INSPECTION REPORT

Page Number

10

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street

Inspection Number  
0B463

Date  
3/25/24

Time In/Out  
4:16 PM  
5:24 PM

Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

|  |     |
|--|-----|
| Are Employee reporting forms on site.                                | NO  |
| If applicable, is operation in compliance with HACCP plan?           | NA  |
| Irreversible Test strips/device available?                           | IN  |
| Handsinks accessible.  | IN  |
| Notification posted for most recent inspection report?               | OUT |
| Most recent Inspection report available?                             | OUT |
| Are pest control reports available and up to date?                   | OUT |
| Hand washing sinks supplied with liquid soap, paper towels and trash | IN  |
| Test kits on site for sanitizer.                                     | IN  |
| Are Covid 19 protocols being followed?                               | NA  |

## Temperatures

| Area                | Equipment           | Product         | Notes   | Temps    |
|---------------------|---------------------|-----------------|---------|----------|
| Establishment       | Walk in cooler      | Ambient (IR)    |         | 36.4 °F  |
| Anderson CT Kitchen | 1 door refrigerator | Ambient (IR)    |         | 41.4 °F  |
| Anderson CT Kitchen | Reach-in Freezer    | Ambient (IR)    |         | 6.0 °F   |
| Farrell Kitchen     | 1 door refrigerator | Lactaid (probe) |         | 49.4 °F  |
| Farrell Kitchen     | Reach-in Freezer    | Ambient (IR)    |         | 6.0 °F   |
| Main Kitchen        | 3 door refrigerator | Ambient (IR)    |         | 40.6 °F  |
| Main Kitchen        | Combo oven          | Pasta (probe)   |         | 179.2 °F |
| Main Kitchen        | Misc.               | Carrots (probe) | Cooking | 173.4 °F |
| Main Kitchen        | Walk in freezer     | Ambient (IR)    |         | 19.8 °F  |
| Mingen Kitchen      | 1 door refrigerator | Ambient (IR)    |         | 40.8 °F  |
| Mingen Kitchen      | Reach-in Freezer    | Ambient (IR)    |         | 9.4 °F   |

Temperatures in **RED** identify items in the temperature danger zone. See the report notes for specific details

The Town of Northbridge Board of Health Food Inspection Procedure Policy can be accessed here:  
[https://www.northbridgemass.org/sites/g/files/vyhlif981f/uploads/inspectionpolicyfoodestablishments\\_august\\_2022.pdf](https://www.northbridgemass.org/sites/g/files/vyhlif981f/uploads/inspectionpolicyfoodestablishments_august_2022.pdf)

# FOOD SAFETY INSPECTION REPORT

Page Number

11

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street

Inspection Number  
0B463

Date  
3/25/24

Time In/Out  
4:16 PM  
5:24 PM

Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

Temperatures in **RED** identify items in the temperature danger zone. See the report notes for specific details.

## Notes

Recommend a temp log. Check with probe thermometer 1-2 items per unit. Log who, when, what the temp was, what the item was, and what unit it was in. Do this minimum of every 4 hours (2 is preferred). Discard any item above 41 F or below 135 F for over 4 hours.

Otherwise violations minor. Will Reinspection status of fridge.



# FOOD ESTABLISHMENT INSPECTION REPORT

R-10

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street  
Whitinsville, MA 01588

|                   |        |                    |                 |           |
|-------------------|--------|--------------------|-----------------|-----------|
| Inspection Number | Date   | Time In/Out        | Inspection Type | Inspector |
| 89B84             | 4/5/24 | 9:30 AM<br>9:42 AM | Re-Inspection   | D.Markman |
| Permit Number     | Risk   | Variance           | Client Type     |           |
| 2024-044          | 2      |                    | Institutional   |           |

## Foodborne Illness Risk Factors and Public Health Interventions

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection Repeat Violations Highlighted in Yellow

| Supervision   | IN                       | OUT                      | NA                       | NO                       | COS                      | Protection from Contamination (Cont'd)                    | IN                       | OUT                      | NA                       | NO                       | COS                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. PIC present, demonstrates knowledge, and performs duties                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Food separated and protected                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Certified Food Protection Manager  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Food-contact surfaces; cleaned & sanitized            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Health   | IN                       | OUT                      | NA                       | NO                       | COS                      | 17. Proper disposition of returned, previously served,    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Management, food employee and conditional employee knowledge, responsibilities and reporting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Time/Temperature Control for Safety                       | IN                       | OUT                      | NA                       | NO                       | COS                      |
| 4. Proper use of restriction and exclusion  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Proper cooking time & temperatures                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Procedures for responding to vomiting and diarrheal events                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Proper reheating procedures for hot holding           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Good Hygienic Practices   | IN                       | OUT                      | NA                       | NO                       | COS                      | 20. Proper cooling time and temperature                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Proper eating, tasting, drinking, or tobacco use   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Proper hot holding temperatures                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. No discharge from eyes, nose, and mouth  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Proper cold holding temperatures                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventing Contamination by Hands   | IN                       | OUT                      | NA                       | NO                       | COS                      | 23. Proper date marking and disposition                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Hands clean & properly washed  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Time as a Public Health Control; procedures & records | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. No bare hand contact with RTE food or a pre-approved   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consumer Advisory   | IN                       | OUT                      | NA                       | NO                       | COS                      |
| 10. Adequate handwashing sinks supplied and accessible  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Consumer advisory provided for raw/undercooked food   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Approved Source   | IN                       | OUT                      | NA                       | NO                       | COS                      | Highly Susceptible Populations                            | IN                       | OUT                      | NA                       | NO                       | COS                      |
| 11. Food obtained from approved source  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Pasteurized foods used; prohibited foods not offered  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Food received at proper temperature   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food/Color Additives and Toxic Substances                 | IN                       | OUT                      | NA                       | NO                       | COS                      |
| 13. Food in good condition, safe & unadulterated  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Food additives: approved & properly used              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Required records available: shellstock tags, parasite                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Toxic substances properly identified, stored & used   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Repeat Violations Highlighted in Yellow   |                          |                          |                          |                          |                          | Conformance with Approved Procedures                      | IN                       | OUT                      | NA                       | NO                       | COS                      |
|   |                          |                          |                          |                          |                          | 29. Compliance with variance/specialized process/HACCP    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Good Retail Practices

| Safe Food and Water  | IN                       | OUT                      | NA                       | NO                       | COS                      | Proper Use of Utensils   | IN                       | OUT                      | NA                       | NO                       | COS                      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 30. Pasteurized eggs used where required                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43. In-use utensils: properly stored                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Water & ice from approved source                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44. Utensils, equip. & linens: property stored, dried & handled  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Variance obtained for specialized processing methods   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45. Single-use/single-service articles: properly stored & used   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Temperature Control                                   | IN                       | OUT                      | NA                       | NO                       | COS                      | 46. Gloves used properly   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Proper cooling methods used; adequate equip. for temp. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils, Equipment and Vending                                  | IN                       | OUT                      | NA                       | NO                       | COS                      |
| 34. Plant food properly cooked for hot holding             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 47. All contact surfaces cleanable, properly designed,           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Approved thawing methods used                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 48. Warewashing facilities: installed, maintained & used; test   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Thermometers provided & accurate                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49. Non-food contact surfaces clean                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Identification  | IN                       | OUT                      | NA                       | NO                       | COS                      | Physical Facilities  | IN                       | OUT                      | NA                       | NO                       | COS                      |
| 37. Food properly labeled; original container              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50. Hot & cold water available; adequate pressure                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prevention of Food Contamination                           | IN                       | OUT                      | NA                       | NO                       | COS                      | 51. Plumbing installed; proper backflow devices                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Insects, rodents & animals not present                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52. Sewage & waste water properly disposed                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Contamination prevented in prep, storage & display     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 53. Toilet facilities: properly constructed, supplied, & cleaned | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Personal cleanliness                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54. Garbage & refuse properly disposed; facilities maintained    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Wiping cloths; properly used & stored                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55. Physical facilities installed, maintained & clean            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Washing fruits & vegetables                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 56. Adequate ventilation & lighting; designated areas use        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          |                          |                          |                          | 60. 105 CMR 590 violations / local regulations                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

D. Markman

Isabella Tebow - Expires

Certificate #:

|          |    |      |        |             |             |
|----------|----|------|--------|-------------|-------------|
| Priority | Pf | Core | Repeat | Risk Factor | Good Retail |
| 0        | 0  | 1    |        | 0           | 9           |

Follow Up Required: ☐ Y Follow Up Date:

# FOOD SAFETY INSPECTION REPORT

Page Number

2

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street

Inspection Number  
89B84

Date  
4/5/24

Time In/Out  
9:30 AM  
9:42 AM

Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

97

### 97 Corrected - Main Kitchen -

COS

---- The Original Violation Code was 4-601.11 (C) Non-Food Contact Surfaces and Utensils Clean ----- Drying racks and shelving units must be kept clean of dirt. If this is rust, repair/replace - Nonfood contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.



97

### 97 Corrected - Farrell Kitchen -

COS

---- The Original Violation Code was 3-501.16 (A)(2) (B) Proper Cold Holding Temps. ----- The temperature of the Lactaid (probe) in the 1 door refrigerator was 49.4 degrees. Perishable items in this cooler were discarded by PiC - Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under section 3-501.19, and except as specified under paragraph (B) and in paragraph (C) of this section, TCS food shall be maintained at 41°F or less. Eggs that have not been treated to destroy all viable Salmonellae shall be stored in refrigerated equipment that maintains an ambient air temperature of 45°F or less.



# FOOD SAFETY INSPECTION REPORT

Page Number

3

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street

Inspection Number  
89B84

Date  
4/5/24

Time In/Out  
9:30 AM  
9:42 AM

Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

97

### 97 Corrected - Main Kitchen -

COS

---- The Original Violation Code was 6-501.16 Drying Mops ----- Mops must be hung up to dry - After use, mops shall be placed in a position that allows them to air dry without soiling walls, equipment, or supplies.



97

### 97 Corrected - Establishment -

COS

---- The Original Violation Code was 6-501.18 Cleaning of Plumbing Fixtures ----- Service sink should be cleaned of discoloration/dirt/chemical build up - Plumbing fixtures such as handwashing sinks, toilets, and urinals shall be cleaned as often as necessary to keep them clean.



# FOOD SAFETY INSPECTION REPORT

Page Number

4

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street

Inspection Number  
89B84

Date  
4/5/24

Time In/Out  
9:30 AM  
9:42 AM

Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

97

### 97 Corrected - Main Kitchen -

COS

---- The Original Violation Code was 4-903.12 Prohibitions (multi-use) ----- Must have some means of protected sanitized equipment and food contact surfaces from splash from the handwashing sink. This can be accomplished by either a barrier or by moving the items in question. - Cleaned and sanitized equipment, utensils, laundered and linens, may not be stored: in locker rooms; in toilet rooms; in garbage rooms; in mechanical rooms; under sewer lines; under leaking water lines including leaking automatic fire sprinkler heads or under lines on which water has condensed; under open stairwells; or under other sources of contamination.



97

### 97 Corrected - Main Kitchen -

COS

---- The Original Violation Code was 4-601.11 (C) Non-Food Contact Surfaces and Utensils Clean ----- Dry storage racks must be free of rust or dirt. Clean/repair/replace - Nonfood contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.



# FOOD SAFETY INSPECTION REPORT

Page Number

5

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street

Inspection Number  
89B84

Date  
4/5/24

Time In/Out  
9:30 AM  
9:42 AM

Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

97

### 97 Corrected - Main Kitchen -

COS

---- The Original Violation Code was 6-501.11 Repairing  
----- Ceiling tiles in dry storage are water damaged.  
Replace - The physical facilities shall be maintained in  
good repair.



97

### 97 Corrected - Establishment -

COS

---- The Original Violation Code was 6-501.111 (A)(B)(D) Controlling Pests ----- Monthly pest control report must be accessible at time of inspection as per local regulations. In addition, a monthly grease trap log should also be maintained - The premises shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the premises by: routinely inspecting incoming shipments of food and supplies; routinely inspecting the premises for evidence of pests; and eliminating harborage conditions.

97

### 97 Corrected - Establishment -

COS

---- The Original Violation Code was 2-501.11 Clean-up Vomiting & Diarrheal Events ----- Must have access to a bodily fluids clean up kit, to which all staff have access and which all staff may use - A food establishment shall have procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter.

# FOOD SAFETY INSPECTION REPORT

Page Number

6

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street

Inspection Number  
89B84

Date  
4/5/24

Time In/Out  
9:30 AM  
9:42 AM

Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

97

### 97 Corrected - Main Kitchen -

COS

---- The Original Violation Code was 3-305.14 Food Preparation ----- Must have a barrier preventing splash from Handwash sink from contaminating food contact surfaces and prep areas - During preparation, unpackaged food shall be protected from environmental sources of contamination.



## Compliance and Enforcement

### PERMIT TO OPERATE

59

### 8-304.11 (K) Responsibilities of the Permit Holder - Establishment -

- C** Must have access to the last inspection report, and must have a sign informing customers that they can request to view this copy *Code: Upon acceptance of the permit issued by the RA, the permit holder in order to retain the permit shall notify customers that a copy of the most recent establishment inspection report is available upon request by posting a sign or placard in a location in the food establishment that is conspicuous to customers or by another method acceptable to the RA.*

## Temperatures

| Area            | Equipment           | Product             | Notes | Temps   |
|-----------------|---------------------|---------------------|-------|---------|
| Farrell Kitchen | 1 door refrigerator | Prune Juice (probe) |       | 41.2 °F |

Temperatures in **RED** identify items in the temperature danger zone. See the report notes for specific details.

The Town of Northbridge Board of Health Food Inspection Procedure Policy can be accessed here:  
[https://www.northbridgemass.org/sites/g/files/vyhliif981/f/uploads/inspectionpolicyfoodestablishments\\_august\\_2022.pdf](https://www.northbridgemass.org/sites/g/files/vyhliif981/f/uploads/inspectionpolicyfoodestablishments_august_2022.pdf)

# FOOD SAFETY INSPECTION REPORT

Page Number

7

Blackstone Valley Health &  
Rehabilitation  
447 Hill Street

Inspection Number  
89B84

Date  
4/5/24

Time In/Out  
9:30 AM  
9:42 AM

Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

Temperatures in **RED** identify items in the temperature danger zone. See the report notes for specific details.

## Notes

All major violations corrected. No Reinspection recess are. Keep up the good work.