

5004

Connecticut Department of Public Health

Risk Category: <u>4</u>		Food Establishment Inspection Report				Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other				Date: <u>1/15/25</u>			
Establishment <u>Benchmark Senior Living @ Split Rock</u>				Time In <u>12:05</u> AM/PM Time Out <u>12:35</u> AM/PM			
Address <u>708A Bridgeport Ave</u>				LHD <u>NVHD</u>			
Town/City <u>Shelton</u>				Purpose of Inspection: <u>Routine</u> Pre-op			
Permit Holder				Reinspection Other			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>							
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed							
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
Supervision				Protection from Contamination			
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				V	COS	R	Food separated and protected
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				C			Food-contact surfaces: cleaned & sanitized
Employee Health				Time/Temperature Control for Safety			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf			Proper cooking time and temperatures
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				P			Proper reheating procedures for hot holding
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Pf			Proper cooling time and temperatures
Good Hygienic Practices				Consumer Advisory			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				P/C			Consumer advisory provided: raw/undercooked food
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				C			Time as a public health control: procedures and records
Preventing Contamination by Hands				Highly Susceptible Population			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				P/Pf			Pasteurized foods used; prohibited foods not offered
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				P/Pf/C			Food/Color Additives and Toxic Substances
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				Pf/C			Food additives: approved and properly used
Approved Source				Compliance with Approved Procedures			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				P/Pf/C			Toxic substances properly identified, stored & used
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				P/Pf			Compliance with variance/specialized process/ROP criteria/HACCP Plan
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food in good condition, safe, and unadulterated				P/Pf			
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C			
GOOD RETAIL PRACTICES							
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>							
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
Safe Food and Water				Proper Use of Utensils			
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required				P			In-use utensils: properly stored
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source				P/Pf/C			Utensils/equipment/linens: properly stored, dried, & handled
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods				Pf			Single-use/single-service articles: properly stored & used
Food Temperature Control				Utensils and Equipment			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control				Pf/C			Gloves used properly
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding				Pf			Food and non-food contact surfaces cleanable, properly designed, constructed, and used
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used				Pf/C			Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate				Pf/C			Non-food contact surfaces clean
Food Identification				Physical Facilities			
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled: original container				Pf/C			Hot and cold water available; adequate pressure
Prevention of Food Contamination				Violations documented			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present				Pf/C			Priority Item Violations
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display				P/Pf/C			Priority Foundation Item Violations
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness				Pf/C			Core Item Violations
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored				C			Toilet facilities: properly constructed, supplied, & clean
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables				P/Pf/C			Garbage and refuse properly disposed; facilities maintained
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				56			
				Adequate ventilation and lighting; designated areas used			
				Natural rubber latex gloves not used per CGS §19a-36f			
Person in Charge (Signature) <u>A. Smith</u> Date <u>1/15/25</u>				Date corrections due <u>4/15/25</u>			
Person in Charge (Printed) <u>A. Smith</u>				# <u>0</u>			
Inspector (Signature) <u>Amanda Ruchin</u> Date <u>1/15/25</u>				Risk Factor/Public Health Intervention Violations <u>0</u>			
Inspector (Printed) <u>Amanda Ruchin</u>				Repeat Risk Factor/Public Health Intervention Violations <u>0</u>			
				Good Retail Practices Violations <u>1</u>			
				Requires Reinspection - check box if you intend to reinspect <u>1</u>			
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.							

Food Establishment Inspection Report

LHD NVHD

Inspection Report Continuation Sheet

Date 1/15/25

Establishment Benchmark Senior Living Town Shelton



TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process
WIF	-5°F	HH - Chicken Soup	155°F	
WIC	39°F	Bm - Chx Salad	37°F	
- Salmon	38°F	- Tomatoes (sliced)	40°F	
- Cheese(s) - blocks	37°F	ldr @ coffee area	39°F	
- milk / Turkey	35°F	- milk / Butter	35°F	
ldr unit (Travisen)	34°F	- Orange juice	38°F	
- Sauces	38°F			

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.			
	9/15/20	6/12/29	6/12/29	11/14/29
CFPM	- Ashley Barnett, Zulardi Vega, Michael Fitcheson, Ron Lesko			
	Handsink - stocked ✓, Signage ✓, Hot H ₂ O 128°F ✓			
	Sanitizer			
	Vinyl gloves ✓, Dry storage ✓, cans ✓, good handwashing ✓			
	WIF ✓, Datemarking ✓, ice cream freezer ✓			
	Dishmachine ✓, Juice dispensers/coffee ✓, ice machine ✓			
c 55	Some walls around equipment - (handwash/3 Bay) unclean			

Person in Charge (Signature) [Signature]

Date 1/15/25

Inspector (Signature) [Signature]

Date 1/15/25