

703

Risk Category: <b>4</b>		<b>Food Establishment Inspection Report</b>				Page 1 of <b>2</b>	
Establishment type: <b>Permanent</b> Temporary Mobile Other _____				Date: <b>1/7/26</b>			
Establishment <b>Hewitt Health &amp; Rehab</b>				Time In: <b>10:25</b> AM/PM		Time Out: _____ AM/PM	
Address <b>45 Malby Street</b>				LHD <b>NVHD</b>			
Town/City <b>Shelton</b>				Purpose of Inspection: <b>Routine</b> Pre-op			
Permit Holder <b>Katenna Zhao</b>				Reinspection _____		Other _____	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
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.							
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			
IN	OUT	N/A	N/O	V	COS	R	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15 <input checked="" type="checkbox"/> Food separated and protected P/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16 <input checked="" type="checkbox"/> Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	17 <input checked="" type="checkbox"/> Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/>
Employee Health				Time/Temperature Control for Safety			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18 <input checked="" type="checkbox"/> Proper cooking time and temperatures P/Pf/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19 <input checked="" type="checkbox"/> Proper reheating procedures for hot holding P <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20 <input checked="" type="checkbox"/> Proper cooling time and temperatures P <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	21 <input checked="" type="checkbox"/> Proper hot holding temperatures P <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	22 <input checked="" type="checkbox"/> Proper cold holding temperatures P <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	23 <input checked="" type="checkbox"/> Proper date marking and disposition P/Pf <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	24 <input checked="" type="checkbox"/> Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/>
Good Hygienic Practices				Consumer Advisory			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	25 <input checked="" type="checkbox"/> Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	26 <input checked="" type="checkbox"/> Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/>
Preventing Contamination by Hands				Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27 <input checked="" type="checkbox"/> Food additives: approved and properly used P <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28 <input checked="" type="checkbox"/> Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29 <input checked="" type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/>
Approved Source				Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27 <input checked="" type="checkbox"/> Food additives: approved and properly used P <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28 <input checked="" type="checkbox"/> Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	29 <input checked="" type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29 <input checked="" type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/>
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
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			
OUT	N/A	N/O		V	COS	R	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	43 <input type="checkbox"/> In-use utensils: properly stored C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44 <input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	45 <input type="checkbox"/> Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	46 <input type="checkbox"/> Gloves used properly C <input type="checkbox"/>
Food Temperature Control				Utensils and Equipment			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47 <input type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	48 <input type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49 <input type="checkbox"/> Non-food contact surfaces clean C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50 <input type="checkbox"/> Hot and cold water available; adequate pressure Pf <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	51 <input type="checkbox"/> Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	52 <input type="checkbox"/> Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	54 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	55 <input type="checkbox"/> Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f
Food Identification				Physical Facilities			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50 <input type="checkbox"/> Hot and cold water available; adequate pressure Pf <input type="checkbox"/>
Prevention of Food Contamination				Violations documented			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51 <input type="checkbox"/> Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52 <input type="checkbox"/> Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	54 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55 <input type="checkbox"/> Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used C <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Violations documented			
Person in Charge (Signature) <i>Lisa Goncalo</i> Date <b>1/7/26</b>				Date corrections due			
Person in Charge (Printed) <b>Lisa Goncalo</b>				#			
Inspector (Signature) <i>Amy Durand</i> Date <b>1/7/26</b>				Priority Item Violations			
Inspector (Printed) <b>Amy Durand</b>				Priority Foundation Item Violations			
				Core Item Violations			
				Risk Factor/Public Health Intervention Violations			
				Repeat Risk Factor/Public Health Intervention Violations			
				Good Retail Practices Violations			
				Requires Reinspection - check box if you intend to reinspect			
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 1/7/26

Establishment Hewitt Health & Rehab Town Shelton

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Handsink	109 F				
food cooking on stove	209 F				
Sliced american ch	40 F				
door-trive fridge	39 F				
SAV W/C	36 F				
W/C ambient	35 F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Observations and Corrective Actions
	CFPM: <u>Johnathan Katie Schmith 3/14/29 Lisa Goncalo 1/26/29</u>
	Handsink stocked signage ✓ hot h2o - dented can area ✓ Hoods clean ✓ thermometers ✓ hair nets ✓ temp tags ✓ labeling ✓ datemarking ✓ vinyl glove ✓ dry storage good ✓ Sani Quat - 3 bay 200ppm ✓ * in between breakfast + lunch test strips ✓
*	Prepping for lunch - no food w/ hot tables allergen posters ✓
*	All food cooking in stoves w/ time of inspection.
	Pasteurized foods ✓

Person in Charge (Signature) Lisa Goncalo Date 1/7/26  
 Inspector (Signature) Amy Durand Date 1/7/26