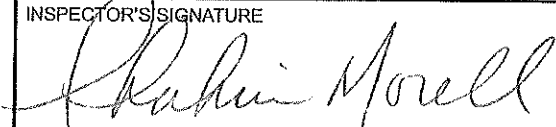


## BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION					
<b>OWNER INFORMATION</b> <i>(Complete this section only if different from establishment information)</i>			<b>ESTABLISHMENT INFORMATION</b>		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <b>PIC - Jerome</b>			ESTABLISHMENT TRADING NAME <b>Complete Care at Green Knoll Care</b>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<b>875 Rt 202/206</b>		<b>Somerset</b>
MUNICIPALITY		STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
			<b>Bridgewater</b>	<b>08807</b>	<b>908-526-</b>
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
				<b>8600</b>	
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
<input type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input checked="" type="checkbox"/> OTHER <b>Nursing Home</b>		GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED		DATE	BEGIN
				<b>6/9/22</b>	<b>10:20 am</b>
				END	
				<b>11:40 am</b>	
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>		
NAME, ADDRESS AND TELEPHONE NUMBER  Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750			INSPECTOR'S NAME AND TITLE		
			INSPECTOR'S SIGNATURE 		
HEALTH OFFICER			INSPECTOR'S PERM. REG. NO.		
<b>Kevin Summer</b>			<b>B-164238</b>		

**Bridgewater Township Health Department**

100 Commons Way  
Bridgewater, NJ 08807

Phone: (908) 725-6300 ext. 5205

Email: health@bridgewaternj.gov

**RETAIL FOOD INSPECTION REPORT**

Activity Type	Evaluation <i>Satisfactory</i>
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Name of Owner(s), Partnership or Corporation	Trade Name <i>Complete Green Knoll Care</i>	Reinspection on or After:
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Establishment Location (Street Address) <i>8715 Rt 202/206</i>	City <i>Bridgewater</i>	Zip Code <i>08807</i>	County <i>Somerset</i>	Co/Mun Code
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Establishment Mailing Address (if different)	Telephone No. <i>908-526-8600</i>	E-mail Address
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Name of Inspecting Official <i>Shahica Morell</i>	REHS Lic. # <i>B-164238</i>	Name of Health Officer <i>Kevin Sumner</i>	Risk Type	License No.
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**TIME/ACTIVITY REPORT (Codes: 1-Travel, 2-Inspection, 3-Administration)**

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
<i>6/9/22</i>		<i>10:20am</i>									

**FOODBORNE ILLNESS RISK FACTORS AND INTERVENTIONS**

RISK FACTORS are improper practices identified as the most common factors resulting in foodborne illness (FBI). INTERVENTIONS are control measures to prevent FBI.

Mark "X" in appropriate Box: IN=In Compliance; OUT=Not in Compliance; NO=Not Observed, NA=Not Applicable; COS=Corrected On-site. R in OUT Box=Repeat Violation.

MANAGEMENT AND PERSONNEL		IN	OUT	N.O.	N/A	COS
1	PIC demonstrates knowledge of food safety principles pertaining to this operation.	<input checked="" type="checkbox"/>				
2	PIC in Risk Level 3 Retail Food Establishments is certified by <i>January 2, 2010</i> .	<input type="checkbox"/>				
3	Ill or injured foodworkers restricted or excluded as required.	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
PREVENTING CONTAMINATION FROM HANDS		IN	OUT	N.O.	N/A	COS
4	Handwashing conducted in a timely manner; prior to work, after using restroom, etc.	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
5	Handwashing proper, duration at least 20 seconds with at least 10 seconds of vigorous lathering.	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	<input checked="" type="checkbox"/>				
7	Handwashing facilities provided with warm water, soap and acceptable hand-drying method.	<input checked="" type="checkbox"/>				
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	<input checked="" type="checkbox"/>				
FOOD SOURCE		IN	OUT	N.O.	N/A	COS
9	All foods, including ice and water, from approved sources; with proper records.	<input checked="" type="checkbox"/>				
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction.	<input type="checkbox"/>				
11	PHFs received at 41°F or below. <i>Except: milk, shell eggs and shellfish (45°F).</i>	<input type="checkbox"/>				
FOOD PROTECTED FROM CONTAMINATION		IN	OUT	N.O.	N/A	COS
12	Proper separation of raw meats and raw eggs from ready-to-eat foods provided.	<input type="checkbox"/>				
13	Food protected from contamination.	<input checked="" type="checkbox"/>				
14	Food contact surfaces properly cleaned and sanitized.	<input type="checkbox"/>				
PHFs TIME/TEMPERATURE CONTROLS		IN	OUT	N.O.	N/A	COS
15	<b>SAFE COOKING TEMPERATURES</b> (Internal temperatures for raw animal foods for 15 seconds) <i>Except: Foods may be served raw or undercooked in response to a consumer order and for immediate service.</i> 130°F for 112 minutes; Roasts or as per cooking chart found under 3.4(a)2; 145°F: Fish, Meat, Pork; 155°F: Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs; 165°F: Poultry; Stuffed fish/meat/or pasta; Stuffing containing fish/meat.	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
16	<b>PASTEURIZED EGGS:</b> substituted for shell eggs in raw or undercooked egg-containing foods, i.e. Caesar salad dressing, hollandaise sauce, tiramisu, chocolate mousse, meringue, etc.	<input type="checkbox"/>				
17	<b>COLD HOLDING:</b> PHFs maintained at "Refrigeration Temperatures" (41°F).	<input checked="" type="checkbox"/>				
18	<b>COOLING:</b> PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.	<input type="checkbox"/>				
19	<b>COOLING:</b> PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.	<input type="checkbox"/>				
20	<b>REHEATING:</b> PHFs rapidly reheated (within 2 hours) in proper facilities to at least 165°F; or commercially processed PHFs heated to at least 135°F prior to hot holding.	<input type="checkbox"/>				
21	<b>HOT HOLDING:</b> PHFs Hot Held at 135°F or above in appropriate equipment.	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
22	<b>TIME as a PUBLIC HEALTH CONTROL:</b> Approval; written procedures; time marked; discarded in 4 hours.	<input type="checkbox"/>				
23	<b>SPECIALIZED PROCESSING METHODS:</b> Approval; written procedures; conducted properly.	<input type="checkbox"/>				
24	<b>HIGHLY SUSCEPTIBLE POPULATIONS:</b> Pasteurized foods used; prohibited foods not offered.	<input type="checkbox"/>				

**RETAIL FOOD INSPECTION REPORT**  
(CONTINUED)

*Complete Care  
at Green Knoll*

*6/9/22*

GOOD RETAIL PRACTICES			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods. OUT=Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box.			
SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION		OUT	COS
25	Hot and cold water available; adequate pressure.		<input type="checkbox"/>
26	Food properly labeled, original container.		<input type="checkbox"/>
27	Food protected from potential contamination during preparation, storage, display.		<input type="checkbox"/>
28	Utensils, spatulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.		<input type="checkbox"/>
29	Raw fruits and vegetables washed prior to serving.		<input type="checkbox"/>
30	Wiping cloths properly used and stored.		<input type="checkbox"/>
31	Toxic substances properly identified, stored and used.		<input type="checkbox"/>
32	Presence of insects/rodents minimized; outer openings protected, animals as allowed.		<input type="checkbox"/>
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).		<input type="checkbox"/>
FOOD TEMPERATURE CONTROL		OUT	COS
34	Food temperature measuring devices provided and calibrated.		<input type="checkbox"/>
35	Thin-probed temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish filets).		<input type="checkbox"/>
36	Frozen foods maintained completely frozen.		<input type="checkbox"/>
37	Frozen foods properly thawed.		<input type="checkbox"/>
38	Plant foods for hot holding properly cooked to at least 135°F.		<input type="checkbox"/>
39	Methods for rapidly cooling PHFs are properly conducted and equipment is adequate.		<input type="checkbox"/>
EQUIPMENT, UTENSILS AND LINENS		OUT	COS
40	Materials, construction, repair, design, capacity, location, installation, maintenance.		<input type="checkbox"/>
41	Equipment temperature measuring devices provided (refrigeration units, etc).		<input type="checkbox"/>
42	In-use utensils properly stored.		<input type="checkbox"/>
43	Utensils, single service items, equipment, linens properly stored, dried and handled.		<input type="checkbox"/>
44	Food and non-food contact surfaces properly constructed, cleanable, used.		<input type="checkbox"/>
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.		<input type="checkbox"/>
PHYSICAL FACILITIES		OUT	COS
46	Plumbing system properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.		<input type="checkbox"/>
47	Sewage and waste water properly disposed.		<input type="checkbox"/>
48	Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
49	Design, construction, installation and maintenance proper-floors/walls/ceilings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50	Adequate ventilation; lighting; designated areas used.		<input type="checkbox"/>
51	Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage and refuse properly maintained.		<input type="checkbox"/>
52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.		<input type="checkbox"/>

Item#	NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)
48	6.6 h	PIC Jerome Brown servsafe exp. 4/29/23
49	6.5 a	ServSafe Brian Belin exp. 6/17/22
		All State Pest Management, monthly last 6/7/22
		Observed Employee Restrooms w/water Damaged ceiling. Repairs
		are in process -
		6.6 h - Toilet facilities shall be kept clean and in good repair
Name of Inspecting Official		Signature of Inspecting Official
Shahica Morell		<i>[Signature]</i>
Name and Title of Person Receiving Copy of Report		
<i>[Signature]</i>		

*6.5a Physical facilities shall be maintained in good repair*