



SANITARY INSPECTION REPORT

IDENTIFICATION						
OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>			ESTABLISHMENT INFORMATION			
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <i>PIC - Lisa</i>			ESTABLISHMENT TRADING NAME <i>Fox Trail Memory Care Living</i>			
NUMBER AND STREET			NUMBER AND STREET <i>205 Rock Ave</i>			
COUNTY			MUNICIPALITY <i>Green Brook</i>		ZIP CODE <i>08812</i>	
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>		TELEPHONE NO. <i>609-514-0912</i>	
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE	
INSPECTION						
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input checked="" type="checkbox"/> INITIAL INSPECTION		
1 <input checked="" type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
2 <input type="checkbox"/> OTHER <i>(Specify):</i>		GOODS		TIME - (2400 HOURS)		
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN	END
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		<i>8/12/22</i>	<i>11:15am</i>	<i>12:30pm</i>
EVALUATION						
1 <input checked="" type="checkbox"/> SATISFACTORY 2 <input type="checkbox"/> CONDITIONALLY SATISFACTORY 3 <input type="checkbox"/> UNSATISFACTORY						
OFFICIAL(S)						
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL			
NAME, ADDRESS AND <i>(print)</i>			NAME OF INSPECTOR <i>Shahira Morell</i>			
			TITLE <i>REHS</i>			
TELEPHONE NUMBER <i>732-968-5151</i>			INSPECTOR'S SIGNATURE <i>Shahira Morell</i>			
NAME OF HEALTH OFFICER <i>Kevin Sumner</i>			INSPECTOR'S PERM. REG/NO. <i>B-164238</i>		DATE <i>8/12/22</i>	

RISK-BASED INSPECTION REPORT

Name of Establishment <i>Fox Trail Memory Care Living</i>	City <i>Green Brook</i>	Date of Inspection <i>8/12/22</i>	Risk Type
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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.			----	----	----
2	PIC in Risk Level 3 Retail Food Establishments is a certified food protection manager.			----		----
3	Ill or injured foodworkers restricted or excluded as required.				----	
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.			✓		
5	Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.			✓	----	
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	✓		----	----	
7	Handwashing facilities provided with warm water; soap and acceptable hand-drying method.	✓		----	----	
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	✓				
FOOD SOURCE		IN	OUT	N.O.	N/A	COS
9	All foods, including ice and water, from approved sources; with proper records			----	----	
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction					
11	PHFs received at 41°F or below. <i>Except: milk, shell eggs and shellfish (45°F)</i>			✓		
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			✓	----	
13	Food protected from contamination	✓		----	----	
14	Food contact surfaces properly cleaned and sanitized	✓				
PHFs TIME/TEMPERATURE CONTROLS		IN	OUT	N.O.	N/A	COS
15	SAFE COOKING TEMPERATURES (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.					
16	PASTEURIZED EGGS: substituted for shell eggs in raw or undercooked egg-containing foods, i.e. Caesar salad dressing, hollandaise sauce, tiramisu, chocolate mousse, meringue, etc.					
17	COLD HOLDING: PHFs maintained at "Refrigeration Temperatures" (41°F)		✓			
18	COOLING: PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.					
19	COOLING: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.					
20	REHEATING: 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.					
21	HOT HOLDING: PHFs Hot Held at 135°F or above in appropriate equipment.					
22	TIME as a PUBLIC HEALTH CONTROL: Approval; written procedures; time marked; discarded in 4 hours.					
23	SPECIALIZED PROCESSING METHODS: Approval; written procedures; conducted properly.					
24	HIGHLY SUSCEPTIBLE POPULATIONS: Pasteurized foods used; prohibited foods not offered.			----		

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.		
26	Food properly labeled, original container.		
27	Food protected from potential contamination during preparation, storage, display.		
28	Utensils, spatulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.		
29	Raw fruits and vegetables washed prior to serving.		
30	Wiping cloths properly used and stored.		
31	Toxic substances properly identified, stored and used.		
32	Presence of insects/rodents minimized: outer openings protected, animals as allowed.		
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).		

**RISK-BASED INSPECTION REPORT
(CONTINUED)**

ISSUED : ←
SATISFACTORY

Name of Establishment <i>Fox Trail Memory Care Living</i>		City <i>Green Brook</i>	Date of Inspection <i>8/12/22</i>	Risk Type	
FOOD TEMPERATURE CONTROL				OUT	COS
34	Food temperature measuring devices provided and calibrated.				
35	Thin-probed temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish filets).				
36	Frozen foods maintained completely frozen.				
37	Frozen foods properly thawed.				
38	Plant food for hot holding properly cooked to at least 135°F.				
39	Methods for rapidly cooling PHFs are properly conducted and equipment is adequate.				
EQUIPMENT, UTENSILS AND LINENS				OUT	COS
40	Materials, construction, repair, design, capacity, location, installation, maintenance.				
41	Equipment temperature measuring devices provided (refrigeration units, etc).				
42	In-use utensils properly stored.				
43	Utensils, single service items, equipment, linens properly stored, dried and handled.				
44	Food and non-food contact surfaces properly constructed, cleanable, used.				
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer <u>test strips available</u> , used.				
PHYSICAL FACILITIES				OUT	COS
46	Plumbing system properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.				
47	Sewage and waste water properly disposed.				
48	Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.				
49	Design, construction, installation and maintenance proper-floors/walls/ceilings.				
50	Adequate ventilation; lighting; designated areas used.				
51	Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage and refuse properly maintained.				
52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.				

NOTE

Item #	NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)
		PK - Lisa capacity: 116
		Currently 4 Residents - Re opened in July
		* NEED Serv safe Certificate - Send to Health Dept. *
12	3.3c	Observed Eggs stored over ready to eat Foods
		* Review proper storage in refrigerator
45	4.8k	No test strips on site - IF USING Bleach sanitizer sol'n shall be 50 ppm - 100 ppm
52	6.7m	Label sinks in kitchen: Hand wash ONLY; WASH, RINSE, sanitize
		NOTE - Maintenance - adjust plumbing/water connection to 3-comp. sink - Hot & Cold Water lines need to be switched
		* Ensure - Hands are washed prior to putting on Gloves
Name of Inspecting Official		Signature of Inspecting Official
<i>Shahira Morell</i>		<i>Shahira Morell</i>
		Name and Title of Person Receiving Copy of Report
		<i>Juan Wuu</i>

NOTE - Inform Health Dept of Pest control service that will be used - HAVE THEM post a log for tracking