Food Program Official Inspection Report



Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097

Yreka, California 96097 phone: (530) 841-2100, fax: (530) 841-4076

Facility	Facility Name: Hospice Senior Service Permit # 000263								oit # 000263				
Addres	SS:	810 N Oregon					2						
Permit		der:	- FE		- 5				nit To Operate:				
Phone		Madrone H	iospi	ice			E-mail:		lid O Not Valid				
1		530-841-5365					E-IIIall. sara	a@madronehospice.org					
Food Safety Certified Employee: Jessica Avery Expiration Date: 2/2027									ation Date: 2/2027				
	MAJ OUT COS						The marked items repr	epresent Health Code violations and must be corrected as follows:					
Protection Time/ Temp.	1	Food Temp.					DOLITINE IN	SPECTION CONDUCTED THIS DA	TE				
	2	Prep./ Service					NOOTHE HOLESHON CONDUCTED THIS DATE						
	3	Storage/ Disp.											
	4	Frozen Food											
	5	Pure Food											
	6	Reused Food											
а.	7	Transportation											
e	-	Storage Fac.											
Food Storage	Townson or other party of the last of the	Refrig. Units											
d St	10	Thermometer					0.471054.070507.47.5555517.79.45						
F00		Hazardous Mat.					SA	TISFACTORY AT PRESENT TIME.					
606.0	12	Spoils		8									
din	13	Wash/ Sanitize											
Uten./Equip.	14	Equip. Condition											
ten.	15	Process and the Contract of th											
	_	Storage											
90		Handwashing		,									
oloye	VALUE OF THE PARTY OF	Employee Hygiene	<u> </u>										
Employee	100	Employee Habits											
	100000	Service between the control of the c											
Water	21	Water											
<u> </u>	22	Cross Con.											
Waste	-	Liquid Waste											
<u> </u>	- 2	Refuse		3									
Vermin	25		-	\vdash									
>		Animal/ Fowl											
	27	Ventilation	Н	\vdash									
ies	28		Н										
Facilities	29	Floors		\vdash									
i,	30	Walls - Ceilings	Н	-									
	31	Toilet Fac.	Н	$\vdash\vdash$									
	32	Janitorial Fac.	Н										
	-												
Misc.	-	Clothing - Linen											
	35	Signs		$\vdash\vdash$									
MA.I =		Misc.	UT -	Out	f con	npliance	COS = Corrected on-site						
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date:													
Samantha Lukensmeyer 09/06/2024													
REHS (Print): REHS (Signature): Phone: 530-841-2112							530-841-2112						
	550-641-2112												

Facility Name: Hospice Senior Service	9	
The marked items repr	esent Health Code violations and must be co	orrected as follows:
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•		
Received By (Print):	Received by (Signature):	Date:
Samantha Lukensmeyer	DELIG (Circus)	09/06/2024
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112

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	· ·	
Received By (Print): Samantha Lukensmeyer	Received by (Signature):	Date: 09/06/2024
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112

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Samantha Lukensmeyer		09/06/2024
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112