Radnor Township

301 IVEN AVENUE WAYNE, PA 19087 610-688-5600

Retail Food Facility Inspection Report

Facility: WAYNE CENTER - GENESIS HLTH CARE Facility ID: 74763

Owner: GENESIS HEALTH CARE Address: 30 WEST AV

City/State: WAYNE PA
Zip: 19087 County: Delaware Region: Region 7

Phone: (610) 688-3635

Insp. ID: 868613 Insp. Date: 5/7/2021 Insp. Reason: Regular No. of Risk Factors: 1 No. of Repeat Risk Factors: 0 Overall Compliance: IN

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS Risk Factors are important practices and procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Intervention are control measures to prevent foodborne illness or injury. IN = In Compliance, OUT = Out of Compliance, N/O = Not Observed, N/A = Not Applicable, C = Corrected On Site, R = Repeat Violation Supervision **Protection From Contamination** 1. Person in charge present, demonstrates knowledge, & In 14. Food separated & protected In performs duties 15. Food-contact surfaces: cleaned & sanitized In **Employee Health** 16. Proper disposition of returned, previously served, In 2. Management, food employee & conditional food employee reconditioned, & unsafe food ln knowledge, responsibilities & reporting Time/Temperature Control for Safety 3. Proper use of restriction & exclusion ln 17. Proper cooking time & temperatures In 4. Procedure for responding to vomiting & diarrheal events ln 18. Proper reheating procedures for hot holding N/A **Good Hygienic Practices** 19. Proper cooling time & temperatures In 5. Proper eating, tasting, drinking, or tobacco use In 20. Proper hot holding temperatures In 6. No discharge from eyes, nose, & mouth 21. Proper cold holding temperatures In In **Preventing Contamination by Hands** 22. Proper date marking & disposition ln 23. Time as a public health control: procedures & records N/A 7. Hands clean & properly washed In 8. No bare hand contact with RTE food or a pre-approved Consumer Advisory In alternate method properly followed 24. Consumer advisory provided for raw / undercooked foods N/A 9. Adequate handwashing sinks properly supplied & accessible Out **Highly Susceptible Population Approved Source** 25. Pasteurized foods used; prohibited foods not offered In 10. Food obtained from approved source In Food/Color Additives & Toxic Substances 11. Food received at proper temperature N/O 26. Food additives: approved & properly used N/A 12. Food in good condition, safe, & unadulterated ln 27. Toxic substances properly identified, stored & used; held for 13. Required records available: shellstock tags, parasite N/A retail sale, properly stored destruction Conformance with Approved Procedures 28. Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan N/A **GOOD RETAIL PRACTICES** Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Safe Food & Water Proper Use of Utensils 29. Pasteurized eggs used where required In 42. In-use utensils: properly stored In 30. Water & ice from approved source 43. Utensils, equipment & linens: properly stored, dried & In In 31. Variance obtained for specialized processing methods In 44. Single-use/single-service articles: properly stored & used ln **Food Temperature Control** 45. Gloves used properly In 32. Proper cooling methods used; adequate equipment for In Utensils, Equipment & Vending temperature control 46. Food & non-food contact surfaces cleanable, properly 33. Plant food properly cooked for hot holding In In designed, constructed, & used 34. Approved thawing methods used In 47. Warewashing facilities: installed, maintained & used; test ln 35. Thermometers provided & accurate ln strips Food Identification 48. Non-food contact surfaces clean Out. R 36. Food properly labeled; original container ln Physical Facilities **Prevention of Food Contamination** 49. Hot & cold water available; adequate pressure In 37. Insects, rodents & animals not present Out 50. Plumbing installed; proper backflow devices In 38. Contamination prevented during food preparation, storage & 51. Sewage & waste water properly disposed In display 52. Toilet facilities: properly constructed, supplied, cleaned ln 39. Personal cleanliness ln 53. Garbage/refuse properly disposed; facilities maintained In 40. Wiping cloths: properly used & stored ln 54. Physical facilities installed, maintained, & clean In 41. Washing fruit & vegetables ln 55. Adequate ventilation & lighting; designated areas used ln FOOD EMPLOYEE CERTIFICATION Certified Food Employee Certificate 56. Certified Food Employee employed; acts as PIC; accessible In 57. Certified food manager certificate: valid & properly displayed Visit Date Person In Charge Person In Charge Sig. Date Sanitarian Signature Sig, Date Time In Time Out 5/7/2021 Willie Brokenborough (No 5/7/2021 Marie Carbonara Mani Calloner-5/10/2021 1:00 PM 1:35 PM Sign Policy)



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Facility: WAYNE CENTER - GENESIS HLTH CARE Facility ID: 74763 Owner: GENESIS HEALTH CARE Address: 30 WEST AV City/State: WAYNE PA Zip: 19087 County: Delaware Region: Region 7 Phone: (610) 688-3635

Insp. ID: 868613 Insp. Date: 5/7/2021 Insp. Reason: Regular No. of Risk Factors: 1 No. of Repeat Risk Factors: 0 Overall Compliance: IN

TEMPERATURE OBSERVATIONS								
Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Other	Cold-Hold Unit	32°F	Other	Walk-In Cooler	34°F	Other	Freezer	4°F
OBSERVATIONS AND CORRECTIVE ACTIONS								

OBSERVATIONS AND CORRECTIVE ACTIONS Violations cited in this report must be corrected within the timeframes below							
Item Number	Violation of Code	Comment	Correct By Date	Repeat Violation			
9.	6 - 301.11	Soap was not available at the handwash sink in the kitchen area by entranceCOS					
37.	6 - 501.111	Facility not removing old rodent droppings in some corners and hard to reach areas. Pest Control Services are regularly scheduled per manager and there is no evidence of recent rodent activity.		•			
48.	4 - 602.13	Non-food contact surfaces not cleaned at a frequency to preclude accumulation of dirt and soll. This area includes the window sill above clean dish storage in dishwasher room.		Repeat Violation			
48.	4 - 602.13	Non-food contact surfaces not cleaned at a frequency to preclude accumulation of dirt and soil. This area includes the window screen next to window air conditioner in the dishwasher room.		Repeat Violation			

PUBLISHED COMMENTS

Correct violations immediately with the exception of those corrected on site. Violations not corrected by first follow up inspection may result in additional fines or fees.

The compliance status of this facility and a copy of this inspection report will be posted on the PA Department of Agriculture website.



Radnor Township

301 IVEN AVENUE WAYNE, PA 19087 610-688-5600

COVID-19 Inspection Report Self Certification ID:

Facility: WAYNE CENTER - GENESIS HLTH CARE Facility ID: 74763 Owner: GENESIS HEALTH CARE

Address: 30 WEST AV City/State: WAYNE PA Zip: 19087 County: Delaware Region: Region 7 Phone: 6106883635

License Type:

Insp. ID: 868612 Insp. Date: 5/7/2021 Insp. Reason: Covid-19 Overall Compliance: IN
COVID-19 Violations: 0
COVID-19 Repeat Violations: 0

COVID-19 TRANSMISSION MITIGATION CHECKLIST

The measures as outlined in the April 15th, 2020 Order of the Secretary of the Pennsylvania Department of Health Directing Public Health Safety Measures for Business Permitted to Maintain In-person Operations and the July 16, 2020 Order of the Governor of the Commonwealth of Pennsylvania Directing Targeted Mitigation Measures are mandatory to inhibit transmission of the virus through your workforce and the general population.

	HEALTH SAFETY MEASURES FOR BUSINESSES	Customer seating				
1.	Businesses ENCOURAGED TO DISPLAY COVID-19 SAFETY MEASURE SELF-CERTIFICATION SIGNAGE in clear view of CUSTOMERS.	In	INDOOR / OUTDOOR TABLES SPACED with 6' BETWEEN N/A PARTIES and/or PHYSICAL BARRIERS TO SEPERATE customers where booths are arranged back-to-back.			
2.	Businesses MUST DISPLAY COVID-19 SAFETY MEASURE SIGNAGE in clear view of customers and employees.		13. INDOOR / OUTDOOR seating AT BAR IS CLOSED. N/A			
			14. LIVE ENTERTAINMENT situated at LEAST 6 FEET from N/A			
3.	OCCUPANCY is limited to 50% of posted fire code		PATRONS and STAFF.			
maximum. **********************************			Capacity limits			
4.	Employees MUST wear MASKS during their time at the business, except WHILE ON BREAK to eat or drink.	ln	15. INDOOR seating capacity is limited to 50% of posted fire N/A code maximum for restaurants and bars.			
5.	Business MUST MAINTAIN A SOCIAL DISTANCE OF 6 FEET BETWEEN CUSTOMERS at check-out and counter lines.	ln	INDOOR discrete event or gathering capacity is limited to 25 people (including staff) with social distancing.			
6.	BARATE CASHIERS from CUSTOMERS using PHYSICAL BARRIERS (plexiglass or other).		OUTDOOR discrete event or gathering capacity is limited to 250 people (including staff) with social distancing. N/A			
	RESTAURANT, BARS, AND SPECIAL EVENT FACILITIES	and the section of th				
	Food service operations	AND THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF TH				
7.	Facility offering dine-in / take-out food.	ln				
8.	Facility offering alcohol for consumption ONLY with a meal WHILE SEATED.	N/A				
9.	Facility offering take-out alcoholic beverages.	N/A				
0.	Facility offering bar service.	N/A				
1.	Facility stops serving alcohol at 11pm.	N/A				

Visit Date	Person In Charge	Person In Charge Signature	Sig. Date	Sanitarian	Sanitarian Signature	Sig. Date Time In Time Out
5/7/2021	Willie Brokenborough (No Sign Policy)		5/7/2021	Marie Carbonara	Mane Calloner	5/10/2021 1:00 PM 1:35 PM