

# Retail Food Inspection Report


Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> SOUTHERN INDIANA REHABILITATION HOSPITAL	<b>Telephone Number</b> Est 812-941-6106 Own 717-591-5725/812-941-8	<b>Date of Inspection</b> 01/17/2024	<b>ID#</b>
<b>Address</b> 3104 BLACKISTON MILL RD, NEW ALBANY IN 47150	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 01/27/2024
<b>Owner</b> VIBRA HEALTHCARE		<b>Menu Type</b> 1 _ 2 _ 3 _ 4 <input checked="" type="checkbox"/> 5 _	
<b>Owner's Address</b> 4600 LENA DRIVE MECHANICSBURG, PA 17055			
<b>Person in Charge</b> BRANDON NOE			
<b>Responsible Person's Email</b> JBOSA@VRHSOUTHERNINDIANA.COM			
<b>Certified Food Handler</b> BRENDA KAY			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
				No Violations	

**Summary of Violations**      C           NC           R           **0**

Received by (name and title printed): BRANDON NOE	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature): 

cc:	cc:	cc:
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