Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name SOUTHERN INDIANA REHABILITATION HOSPITAL						Telephone Number Est 812-941-6106	Date of Inspection	ID#	
Address 3104 BLACKISTON MILL RD, NEW ALBANY IN 47150					Own	Own 717-591-5725/812-941	07/22/2024		
Owner VIBRA HEALTHCARE						Purpose X Routine	Follow Up	Released 08/01/2024	
Owner's Address 4600 LENA DRIVE MECHANICSBURG, PA 17055						Follow-up Complaint			
Person in Charge TAMMY HERT						Pre-Operational			
Responsible Person's Email JBOSA@VRHSOUTHERNINDIANA.COM						TemporaryHACCP	Menu Type 1 _ 2 _ 3 _	4 <u>X</u> 5 _	
Certified Food Handler BRENDA KAY						Other (list)			
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 NARRAIVE COLUMN MARKED AS "R"									
Section #	C NO	NC R Narrative					То Ве С	orrected	
336 X Observed the faucet on the mop sink to be left on and pressurized. This can cause the ABV backflow device to fail. A bleeder valve was attached but had 2 additional valves closed down stream. The faucet should be turned off and the pressure released after each use or the bleeder valve should be unblocked by removing the ball valve and hose. 218 X Observed the mounted can opener in need of cleaning and small metal shaving around its base. MONITOR FLOOR DRAIN UNDER SERVING LINE.									
Summary of Vio		C	1 NC	1 R 0	-		2		
Received by (name and title printed): JILL BOSA						Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):						Inspected by (signature):			
cc:				cc:			cc:		