## Food Program Official Inspection Report



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

						phone: (530) 841-2100, fax: (530) 841-	4076					
Facility		me: Hospice S	Senio	r Se	rvice	е	Permit # 000263					
Addres	SS:	810 N Oregon	St.,	Yrek	a, C	CA 96097						
Permit Holder:  Madrone Hospice							Permit To Operate:    Valid					
Phone	. 5	30-841-5365				E-mail: sara@madronehospio	ce.org					
Food S	Safe	ty Certified Employ	yee: J	essi	ca A	Avery	Expiration Date: 02/2027					
			MAJ	OUT	_							
Protection Time/ Temp.	1	Food Temp.										
	2	Prep./ Service				ROUTINE INSPECTION COND	OUCTED THIS DATE					
	3	Storage/ Disp.										
	4	Frozen Food										
	5	Pure Food										
otec	6	Reused Food										
Ā	7	Transportation										
Food Storage	8	Storage Fac.										
	9	Refrig. Units	194 - 25									
	10	Thermometer										
000	11	Hazardous Mat.			2	SATISFACTORY AT	PRESENT TIME.					
ш	12	Spoils										
di.	13	Wash/ Sanitize		(- )								
Æφι	14	Equip. Condition										
Uten./Equip.	15	Utensil Condition										
)	16	Storage										
Ф	-	Handwashing										
Employee	10000	Employee Hygiene										
Emp		Employee Habits	1									
	10001	Food Cert./ Card	1									
Water	Contract	Water	+									
<u>&gt;</u>	22	Cross Con.	1									
Waste	Co. 100	Liquid Waste	+									
>	-	Refuse	1	8								
Vermin		Rodents/ Insects Animal/ Fowl	+		-							
>	8 8				8							
	27 28	Ventilation Doors										
ties	29	Floors		e e	8							
Facilities		Walls - Ceilings	-									
ш	-	Toilet Fac.										
	32	Janitorial Fac.										
	- 3	Lighting		8	7							
S:#	(A)	Clothing - Linen	Н									
Misc.	528	Signs	П									
~	Contract of	Misc.										
MAJ =			DUT =	Out	of com	I npliance COS = Corrected on-site						
		(Print): Samant				Received by (Signature):	Date: 12/26/2024					
REHS (	Print	Chalyn Dew	ey			REHS (Signature):	Phone: 530-841-2112					

Facility Name:	Hospice Senior Service		
	The marked items represent Health Code	violations and must be corrected as follows:	
	5		
Received By (Print):	Received by (Sig	jnature): D	ate:
	mantha Lukensmeyer		12/26/2024
REHS (Print):	REHS (Signatur	e): P	hone:
Chalyn D	ewey		530-841-2112

Facility Name: Hospice Senior Service	)	
The marked items repre	esent Health Code violations and must be co	rrected as follows:
	·	
Received By (Print):	Received by (Signature):	Date:
Samantha Lukensmeyer		12/26/2024
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112

Facility Name:	Hospice Senior Service								
	The marked items repre	sent Health Code violations and	d must be corrected as follo	ws:					
Received By (Print):		Received by (Signature):		Date:					
Sam	antha Lukensmeyer	- · · · · · · · · · · · · · · · · · · ·		12/26/2024					
REHS (Print): Chalyn De	ewey	REHS (Signature):		Phone: 530-841-2112					