



**Texas Department of State Health Services
Retail Food Establishment Inspection Report**



Date: 2025-08-18	Time in:	Time out:	License/Permit #	TMS Number	2025-003854	Page 1 of 3
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Purpose of Inspection:	Routine			TOTAL/SCORE
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Establishment Name: Alvarado Meadow Nursing & Rehab	Contact/Owner Name:	Number of Repeat Violations: 0	96	
		Number of Violations COS: 0		
Physical Address: 101 Parkway, Alvarado, TX, 76009	City/County: Alvarado	Zip Code: 76009	Phone:	Follow-up: No

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status					Time and Temperature for Food Safety (F = degrees Fahrenheit)	R
O U T	I N	N O	N A	C O S		
3-OUT					1. Proper cooling time and temperature	
IN					2. Proper Cold Holding temperature(41°F/45°F)	
NO					3. Proper Hot Holding temperature(135°F)	
NO					4. Proper cooking time and temperature	
NO					5. Proper reheating procedure for hot holding (165°F in 2 Hours)	
IN					6. Time as a Public Health Control; procedures & records	
					Approved Source	
IN					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction	
IN					8. Food Received at proper temperature	
					Protection from Contamination	
IN					9. Food Separated & protected, prevented during food preparation, storage, display, and tasting	
IN					10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 3 comp 200 ppm quat ppm/temperature	
IN					11. Proper disposition of returned, previously served or reconditioned	

Compliance Status					Employee Health	R
O U T	I N	N O	N A	C O S		
IN					12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
IN					13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
					Preventing Contamination by Hands	
IN					14. Hands cleaned and properly washed/ Gloves used properly	
IN					15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y/N:)	
					Highly Susceptible Populations	
IN					16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
					Chemicals	
IN					17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
IN					18. Toxic substances properly identified, stored and used	
					Water/Plumbing	
IN					19. Water from approved source; Plumbing installed; proper backflow device	
IN					20. Approved Sewage/Wastewater Disposal System, proper disposal	

Received by: (signature) 	Print: Debra molina	Title: Person In Charge/ Owner
Inspected by: (signature) 	Print: Tina NEMMERS-MOORE	Business Email:



Texas Department of State Health Services
Retail Food Establishment Inspection Report



TEMPERATURE OBSERVATIONS		
Item/Location	Temp	
OBSERVATIONS AND CORRECTIVE ACTIONS		
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:	
#1	Use approved rapid cooling method. Must cool TCS foods from 135 F to 70 F no more than 2 hour... or 135 F to 41 F (45 F) more than 6 hours... or prepared food cooled to 41 F (45 F) more than 4 hours..Observed Fajita chicken in RIC 80	
#2	Milk box 34 dressing in milk box 38 RIC True. 3 door eggs 40 sausage 38 RIF -8	
#30	Posted health permit 8.1.2026	
#34	Repair weatherstripping at bottom of door.	
#47	Post health inspection report or sign stating "health inspection report available upon request" in public view	
	Samples: # Collected:	
Received by: (signature) <i>Debra Molina</i>	Print: Debra molina	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Tina Nemmers-Moore</i>	Print: Tina NEMMERS-MOORE	

Retail Food Establishment Inspection Report

Date: 02/18/2025	Time in: 01:01 PM	Time out: 01:38 PM	License/Permit # -	TMS Project # 2025-003854	Page 1 of 2		
Purpose of Inspection:		1-Compliance <input checked="" type="checkbox"/>	2-Routine <input type="checkbox"/>	3-Field Investigation <input type="checkbox"/>	4-Visit <input type="checkbox"/>	5-Other <input type="checkbox"/>	TOTAL/SCORE
Establishment Name: Alvarado Meadow Nursing & Rehab			Contact/Owner Name: Debra Molina		* Number of Repeat Violations: 0 ✓ Number of Violations COS: 0		97/100
Physical Address: 101 Parkway			City/County: Alvarado/Johnson County	Zip Code: 76009	Phone: 000-000-0000	Follow-up: Yes No (circle one)	

Compliance Status: OUT = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation
 Mark the appropriate points in the OUT box for each numbered item Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an asterisk '*' in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Time and Temperature for Food Safety (F = degrees Fahrenheit)							Employee Health						
	✓						✓						
	✓						✓						
	✓												
		✓					✓						
	✓						✓						
		✓											
Approved Source							Preventing Contamination by Hands						
	✓						✓						
		✓					✓						
Protection from Contamination							Highly Susceptible Populations						
	✓						✓						
		✓											
Consumer Advisory							Chemicals						
	✓						✓						
		✓											
Water/ Plumbing							Water/ Plumbing						
		✓					✓						
		✓											
		✓					3						

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Demonstration of Knowledge/ Personnel							Food Temperature Control/ Identification						
	✓						✓						
	✓						✓						
Safe Water, Recordkeeping and Food Package Labeling							Permit Requirement, Prerequisite for Operation						
	✓						✓						
	✓												
Conformance with Approved Procedures							Utensils, Equipment, and Vending						
			✓				✓						
Consumer Advisory							Food Identification						
	✓						✓						

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Prevention of Food Contamination							Food Identification						
	✓						✓						
	✓												
	✓						✓						
	✓						✓						
		✓					✓						
Proper Use of Utensils							Physical Facilities						
	✓						✓						
	✓						✓						
		✓					✓						
		✓					✓						
		✓					✓						
		✓					✓						

Received by: (signature) <i>Debra Molina</i>	Print: Debra Molina	Phone # / email: (817)790-3304 debra_molina@csnhc.com
Inspected by: (signature) <i>Kassandra Lamb</i>	Print: Kassandra Lamb, RS	Inspector's Phone #

Retail Food Establishment Inspection Report

Date: 09/03/2024	Establishment Name: Alvarado Nursing Home	Physical Address: 101 Parkway	City/State: Alvarado, TX	License/Permit # -	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
1 - Scrambled eggs	52				
1 - Bowtie pasta	119				
2 - Sour cream-upright RIC	38				
2 - Ranch-upright RIC	39				
2 - Corn-upright RIC	39				
2 - Strawberries-upright RIC	35				
2 - Picante sauce-milk box RIC	33				
2 - Milk-dispenser	40				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
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1 - Cooling food shall reach internal temperature of 70 degrees within 2 hours and 41 degrees within the following 4 hours (6 hours total). Eggs from breakfast temped 52 degrees and pasta from lunch temped 119 degrees. This was marked as a multiple repeat violation on the previous routine inspection.

7 - Observed bloated container of "keep frozen" strawberries in the upright reach-in cooler.

27 - Shall rapidly chill food using approved method (ice bath, shallow portions, vented, etc). Observed food in completely closed containers cooling in the reach-in cooler. This was marked as a multiple repeat violation on the last routine inspection.

28 - Shall date mark food with a shelf life of no more than 7 days.

30 - New owner needs to post current health permit

31 - Shall designate one side of the 2-compartment sink as a hand sink as instructed on the CO health inspection and stock hand soap and paper towels.

36 - Keep wiping cloths in sanitizer bucket. Do not leave them on the prep surfaces.

AdditionalComments:Print this report and keep it on site

Registered Food Service manager Debra Molina		Certificate #:	Exp. Date: 02/13/2027
Pest Control Company Not Available			Service Date:
Grease Trap Service Company Harrington			Service Date: 07/09/2024
Received by: (signature) <i>Debra Molina</i>	Print: Debra Molina	Phone # / email: mdebra10@yahoo.com	
Inspected by: (signature) <i>Kassandra Lamb</i>	Print: Kassandra Lamb, RS	Inspector's Phone #	

