

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT  
FOOD SERVICE  
INSPECTION REPORT



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 20-48-01064 Name of Facility: Florida State Hospital Address: 100 N Main Street, Building 7 City, Zip: Chattahoochee 32324  Type: Residential Treatment Facility (AHCA) Owner: Dept. of Children & Family Services Person In Charge: Thomas, Melissa and Brandon Boyd      Phone: (850) 663-7846 PIC Email: melissathomas@iammorrison.com	<b>Correct By: Next Inspection</b> <b>Re-Inspection Date: None</b>
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**Inspection Information**

Purpose: Reinspection Inspection Date: 9/17/2018	Begin Time: 09:37 AM End Time: 10:36 AM
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**Additional Information**

No Additional Information Available
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*Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.*

**Violation Markings**

FOOD SUPPLIES 1. Sources, etc. FOOD PROTECTION 2. Stored temperature 3. No further cooking/Rapid cooling 4. Thawing 5. Raw fruits 6. Pork cooking 7. Poultry cooking 8. Other animal cooking 9. Least contact/Reheating 10. Food container 11. Buffet requirements 12. Self-service condiments 13. Reservice of food 14. Sneeze guards 15. Transportation of food 16. Poisonous/Toxic materials PERSONNEL	17. Exclusion of personnel 18. Cleanliness 19. Tobacco use 20. Handwashing 21. Handling of dishware EQUIPMENT/UTENSILS 22. Refrigeration facilities/Thermometers 23. Sinks 24. Ice storage/Counter-protector 25. Ventilation/Storage/Sufficient equipment 26. Dishwashing facilities X 27. Design and fabrication 28. Installation and location X 29. Cleanliness of equipment 30. Methods of washing SANITARY FACILITIES AND CONTROLS 31. Water supply 32. Ice 33. Sewage	34. Plumbing 35. Toilet facilities 36. Handwashing facilities 37. Garbage disposal 38. Vermin control OTHER FACILITIES AND OPERATIONS X 39. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS 40. Temporary food service events VENDING MACHINES 41. Vending machines MANAGER CERTIFICATION 42. Manager certification CERTIFICATES AND FEES 43. Certificates and fees INSPECTION/ENFORCEMENT 44. Inspection/Enforcement
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Inspector Signature:

*Patricia Kaeth*

Client Signature:

*Morgan P. and*

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### General Comments

Must maintain a service log on carts at all times.

If you have any questions, feel free to connect DOH - Gadsden County. ASAP.

Email Address(es): melissathomas@iammorrison.com;  
meagan.tanner@myffamilies.com;  
brandonboyd@iammorrison.com

### Violations Comments

Violation #27. Design and fabrication

Replace torn/worn rubber gasket seals on refrigerator & freezer doors.

Must maintain a record of maintenance schedule for dinex carts and docking stations.

CODE REFERENCE: Designed. 64E-11.006(2). All equipment will be the proper design and fabrication.

Violation #29. Cleanliness of equipment

Clean mole from ceiling/wall area inside cooler in food packing area.

CODE REFERENCE: Cleaned. 64E-11.006(4). All equipment will be maintained in a clean and sanitized manner.

Violation #39. Other facilities and operations

Replace soiled ceiling panels (ex; food packaging area).

Replace broken vent covers in package area.

Clean air vents throughout kitchen.

CODE REFERENCE: Other Facilities. 64E-11.008. Floors, walls, and ceilings shall be smooth and washable. 20 foot candles of light shall be provided. Adequate ventilation shall be provided. A mop sink or garbage can wash down will be provided. No living quarter shall open to the facility. No live animals. Exterior area shall be kept clean.

Inspection Conducted By: Patricia Roett (28009)  
Inspector Contact Number: Work: (850) 875-7200 ex. 371  
Print Client Name: Melissa Thomas & Brandon Boyd  
Date: 9/17/2018

Inspector Signature:

Form Number: DH 4023 01/05

Client Signature:

20-48-01064 Florida State Hospital