



### 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 Name: <b>Hospice Senior Service</b>	Permit # <b>000263</b>
Address: <b>810 N Oregon St., Yreka, CA 96097</b>	
Permit Holder: <b>Madrone Hospice</b>	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-841-5365</b>	E-mail: <b>sara@madronehospice.org</b>
Food Safety Certified Employee: <b>Jessica Avery</b>	Expiration Date: <b>2/2027</b>

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			
	2	Prep./ Service			
	3	Storage/ Disp.			
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition			
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
Water	21	Water			
	22	Cross Con.			
Waste	23	Liquid Waste			
	24	Refuse			
Vermin	25	Rodents/ Insects			
	26	Animal/ Fowl			
Facilities	27	Ventilation			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings		X	
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

ROUTINE INSPECTION CONDUCTED THIS DATE

ALL FOOD HANDLING IS SATISFACTORY AT PRESENT TIME

NOTE: The following violation has been corrected from previous inspection report: removal of "Household Use Only" equipment, wall finishes behind the dishwasher, and damaged baseboard.

Continue to work on wall finishes noted on last inspection report on 10/18/2023.

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site
Received By (Print): <b>Jessica Avery</b> Received by (Signature): _____      Date: <b>12/15/2023</b>
REHS (Print): <b>Chalyn Dewey</b> REHS (Signature): _____      Phone: <b>530-841-2112</b>

**Facility Name:** Hospice Senior Service

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):  
Jessica Avery

Received by (Signature):

Date:  
12/15/2023

REHS (Print):  
Chalyn Dewey

REHS (Signature):

Phone:  
530-841-2112

**Facility Name:** Hospice Senior Service

The marked items represent Health Code violations and must be corrected as follows:

[Empty area for listing Health Code violations and correction details]

Received By (Print): Jessica Avery	Received by (Signature):	Date: 12/15/2023
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REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
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