

State of Ohio
Food Inspection Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility SIDNEY SNF, INC.	Check one ☒ FSO ☐ RFE	License Number 2026243	Date 08/26/2026
Address 705 FULTON STREET	City/State/Zip Code SIDNEY OH 45365		
License holder SIDNEY SNF, INC.	Inspection Time 90	Travel Time 10	Category/Descriptive DUPLICATE
Type of inspection (check all that apply) ☒ Standard ☒ Critical Control Point (FSO) ☐ Process Review (RFE) ☐ Variance Review ☐ Follow Up ☐ Foodborne ☐ 30 Day ☐ Complaint ☐ Pre-licensing ☐ Consultation		Follow-up date (if required) / /	Water sample date/result (if required) / /

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																																																																																									
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable																																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Compliance Status</th></tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Supervision</th></tr> <tr> <td style="width: 5%; text-align: center;">1</td> <td>☒ IN ☐ OUT ☐ N/A Person in charge present, demonstrates knowledge, and performs duties</td> </tr> <tr> <td style="text-align: center;">2</td> <td>☒ IN ☐ OUT ☐ N/A Certified Food Protection Manager</td> </tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Employee Health</th></tr> <tr> <td style="text-align: center;">3</td> <td>☒ IN ☐ OUT ☐ N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting</td> </tr> <tr> <td style="text-align: center;">4</td> <td>☒ IN ☐ OUT ☐ N/A Proper use of restriction and exclusion</td> </tr> <tr> <td style="text-align: center;">5</td> <td>☒ IN ☐ OUT ☐ N/A Procedures for responding to vomiting and diarrheal events</td> </tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Good Hygienic Practices</th></tr> <tr> <td style="text-align: center;">6</td> <td>☒ IN ☐ OUT ☐ N/O Proper eating, tasting, drinking, or tobacco use</td> </tr> <tr> <td style="text-align: center;">7</td> <td>☒ IN ☐ OUT ☐ N/O No discharge from eyes, nose, and mouth</td> </tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Preventing Contamination by Hands</th></tr> <tr> <td style="text-align: center;">8</td> <td>☒ IN ☐ OUT ☐ N/O Hands clean and properly washed</td> </tr> <tr> <td style="text-align: center;">9</td> <td>☒ IN ☐ OUT ☐ N/A ☐ N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed</td> </tr> <tr> <td style="text-align: center;">10</td> <td>☒ IN ☐ OUT ☐ N/A Adequate handwashing facilities supplied & accessible</td> </tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Approved Source</th></tr> <tr> <td style="text-align: center;">11</td> <td>☒ IN ☐ OUT Food obtained from approved source</td> </tr> <tr> <td style="text-align: center;">12</td> <td>☐ IN ☐ OUT ☐ N/A ☒ N/O Food received at proper temperature</td> </tr> <tr> <td style="text-align: center;">13</td> <td>☒ IN ☐ OUT Food in good condition, safe, and unadulterated</td> </tr> <tr> <td style="text-align: center;">14</td> <td>☐ IN ☐ OUT ☒ N/A ☐ N/O Required records available: shellstock tags, parasite destruction</td> </tr> <tr><th colspan="2" style="text-align: center; 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GOOD RETAIL PRACTICES																																															
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background-color: #f2f2f2;">Physical Facilities</td> </tr> <tr> <td style="padding: 5px;"> 42 ☒ IN ☐ OUT ☐ N/A ☐ N/O Approved thawing methods used </td> <td style="padding: 5px;"> 57 ☒ IN ☐ OUT ☐ N/A Hot and cold water available; adequate pressure </td> </tr> <tr> <td style="padding: 5px;"> 43 ☐ IN ☒ OUT ☐ N/A Thermometers provided and accurate </td> <td style="padding: 5px;"> 58 ☒ IN ☐ OUT ☐ N/A ☐ N/O Plumbing installed; proper backflow devices </td> </tr> <tr> <th colspan="2" style="text-align: center; background-color: #f2f2f2;">Food Identification</th> </tr> <tr> <td style="padding: 5px;"> 44 ☒ IN ☐ OUT Food properly labeled; original container </td> <td style="padding: 5px;"> 59 ☒ IN ☐ OUT ☐ N/A Sewage and waste water properly disposed </td> </tr> <tr> <th colspan="2" style="text-align: center; background-color: #f2f2f2;">Prevention of Food Contamination</th> </tr> <tr> <td style="padding: 5px;"> 45 ☒ IN ☐ OUT Insects, rodents, and animals not present/outer openings protected </td> <td style="padding: 5px;"> 60 ☒ IN ☐ OUT ☐ N/A Toilet facilities: properly constructed, supplied, cleaned </td> </tr> <tr> <td style="padding: 5px;"> 46 ☒ IN ☐ OUT Contamination prevented during food preparation, storage & display </td> <td style="padding: 5px;"> 61 ☒ IN ☐ OUT ☐ N/A Garbage/refuse properly disposed; 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test strips	Food Temperature Control		40 ☒ IN ☐ OUT ☐ N/A ☐ N/O Proper cooling methods used; adequate equipment for temperature control	56 ☒ IN ☐ OUT Nonfood-contact surfaces clean	41 ☐ IN ☐ OUT ☐ N/A ☒ N/O Plant food properly cooked for hot holding	Physical Facilities		42 ☒ IN ☐ OUT ☐ N/A ☐ N/O Approved thawing methods used	57 ☒ IN ☐ OUT ☐ N/A Hot and cold water available; adequate pressure	43 ☐ IN ☒ OUT ☐ N/A Thermometers provided and accurate	58 ☒ IN ☐ OUT ☐ N/A ☐ N/O Plumbing installed; proper backflow devices	Food Identification		44 ☒ IN ☐ OUT Food properly labeled; original container	59 ☒ IN ☐ OUT ☐ N/A Sewage and waste water properly disposed	Prevention of Food Contamination		45 ☒ IN ☐ OUT Insects, rodents, and animals not present/outer openings protected	60 ☒ IN ☐ OUT ☐ N/A Toilet facilities: properly constructed, supplied, cleaned	46 ☒ IN ☐ OUT Contamination prevented during food preparation, storage & display	61 ☒ IN ☐ OUT ☐ N/A Garbage/refuse properly disposed; facilities maintained	47 ☒ IN ☐ OUT ☐ N/A Personal cleanliness	62 ☒ IN ☐ OUT ☐ N/A ☐ N/O Physical facilities installed, maintained, and clean; 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Observations and Corrective Actions					
Mark "X" in appropriate box for COS and R: COS = corrected on-site during inspection R = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		All coolers = <41 F (food) Good! No food prep or hot holding at time of inspection. Dishwasher = OK	☐	☐
	Comment/ Obs		Note: Recommend increasing bulb wattage in walkin cooler to provide better lighting levels.	☐	☐
35	CCP-I.0007		Employee Health: The operation had an employee health policy on file. *Good! Please keep copies in kitchen office.	☐	☐
35	CCP-III.0011		Preventing Contamination by Hands: Hand washing facilities are properly supplied. *Good!	☐	☐
35	CCP-VI.0017		TCS Food: Observed ready to eat TCS foods being properly date marked, and discarded when required. *	☐	☐
35	CCP-VI.0018		TCS Food: Observed cold foods being held at 41 F or below. *Good!	☐	☐
35	CCP-IX.6		Highly Susceptible Population: The operation was serving pasteurized juices to highly susceptible population. *Good!	☐	☐
35	CCP-IX.8		Highly Susceptible Populations: Pasteurized eggs are used if served partially cooked. *Good!	☐	☐
43	3717-1-04.1(K)	C	Food temperature measuring device - accuracy Food thermometer is reading much higher than actual temperature. Please replace. *PIC will obtain new thermometer.	☐	☐

Person in Charge Rusty Schwepe	Date 08/26/2026
Environmental Health Specialist Rusty Schwepe RS/SIT# 2993	Licensors: Sidney-Shelby County Health Department