



TENNESSEE DEPARTMENT OF HEALTH
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE
98

Establishment Name: St Paul Senior Living Community
Address: 5031 Hillsboro Rd.
City: Nashville
Inspection Date: 05/03/2023
Establishment #: 605053724
Embargoed: 0
Purpose of Inspection: Routine
Risk Category: 01
Number of Seats: 96

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS
(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

Table with 2 main columns: Compliance Status and COS R WT. Rows include Supervision, Employee Health, Good Hygienic Practices, Preventing Contamination by Hands, Approved Source, Protection from Contamination, Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods, Cooling and Holding, Date Marking, and Time as a Public Health Control, Consumer Advisory, Highly Susceptible Populations, and Chemicals.

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES
OUT=not in compliance COS=corrected on-site during inspection R=repeat (violation of the same code provision)

Table with 2 main columns: Compliance Status and COS R WT. Rows include Safe Food and Water, Food Temperature Control, Food Identification, Prevention of Food Contamination, Proper Use of Utensils, Utensils and Equipment, Physical Facilities, Administrative Items, and Non-Smokers Protection Act.

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit.

Signature of Person In Charge: [Signature] Date: 05/03/2023
Signature of Environmental Health Specialist: [Signature] Date: 05/03/2023

Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice

TENNESSEE DEPARTMENT OF HEALTH  
 DIVISION OF ENVIRONMENTAL HEALTH  
 FOOD INSPECTION DATA



<b>Establishment Information</b>	
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<b>NSPA Survey – To be completed if #57 is "No"</b>	
Age-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are twenty-one (21) years of age or older.	
Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.	
"No Smoking" signs or the International "Non-Smoking" symbol are not conspicuously posted at every entrance.	
Garage type doors in non-enclosed areas are not completely open.	
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	
Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
Smoking observed where smoking is prohibited by the Act.	

<b>Warewashing Info</b>			
Machine Name	Sanitizer Type	PPM	Temperature ( Fahrenheit)

<b>Equipment Temperature</b>	
Description	Temperature ( Fahrenheit)

<b>Food Temperature</b>		
Description	State of Food	Temperature ( Fahrenheit)

**Observed Violations**

Total # 2

Repeated # 0

34:

45:



***Establishment Information***

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Establishment Number : 605053724

***Comments/Other Observations***

- 1:
- 2:
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- 58:

\*\*\*See page at the end of this document for any violations that could not be displayed in this space.

***Additional Comments***

***See last page for additional comments.***

\*\*\*See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

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***Comments/Other Observations (cont'd)***

***Additional Comments (cont'd)***

***See last page for additional comments.***

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**Sources**

Source Type: Source:

Source Type: Source:

Source Type: Source:

Source Type: Source:

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**Additional Comments**