## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name SOUTHERN INDIANA REHABILITATION HOSPITAL  Address 3104 BLACKISTON MILL RD, NEW ALBANY IN 47150  Owner VIBRA HEALTHCARE  Owner's Address 4600 LENA DRIVE MECHANICSBURG, PA 17055  Person in Charge CYNTHIS PURVIS  Responsible Person's Email JBOSA@VRHSOUTHERNINDIANA.COM  Certified Food Handler						Es On	Telephone Number  t 812-941-6106  717-591-5725/812-941-8  Purpose X Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Date of Inspection 03/20/2023  Follow Up  Menu Type 1 _ 2 _ 3 _	ID#  Released	
				ID NARRATIVE COLUMN						
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section # 431	n# C NC R Narrative  X Observed the floor drains under 2 prep sinks a						To Be Corrected s and under drink dispener 3 days			
Summary of Violations C 0 NC 1 R 0							1 Inspected by (name and title printed):			
Received by (name and title printed):  JILL BOSA							Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):							Inspected by (signature):			
cc:					cc:			cc:		