Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
PAM HEALTH REHABILITATION HOSPITAL OF GREA'	Est 812-801-2283	03/24/2025	
Address: 3104 BLACKISTON BLVD, NEW ALBANY IN 47150	Own 717-731-9660		

Owner	Purpose	Follow Up	Released
COBALT REHABILITATION HOSPITAL LOUISVILLE LLC	X Routine		
Owner's Address: 1828 GOOD HOPE ROAD ENOLA, PA 17025	___Follow-up		
Person in Charge: BRANDON NOE	___Complaint		
Responsible Person's Email: THAYES@PAMREHAB.COM	___Pre-Operational		
Certified Food Handler	___Temporary	**Menu Type**	
	___HACCP	1 __ 2 __ 3 __ 4 X 5 __	
	___Other (list)		

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
218		X		Observed metal shavings on the back prep area can opener. Clean and repair or replace.	today
324		X		Observed the drain pipe for the ice machine no extending to the floor drain and discharging on a nearby floor tile.	2 weeks
392		X		Observed the side door of the dumpster open.	1 day

Summary of Violations C 0 NC 3 R 0 — 3

Received by (name and title printed):	Inspected by (name and title printed):
BRANDON NOE	Thomas Snider CFS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: