

ME



# DELAWARE HEALTH AND SOCIAL SERVICES

## Division of Public Health

Violations cited in this report shall be corrected within the time frames specified below, but within a period not to exceed 3 calendar days for priority items, 10 days for priority foundation items (8-405.11) or 90 days for core items (8-406.11).

### Food Establishment Inspection Report

Page 1 of 3

Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		No. of Risk Factor/Intervention Violations: 0		Date: 2/24/2020
		No. of Repeat Risk Factor/Intervention Violations: 0		Time In: 11:50
		Score (optional): N/A		Time Out: 12:50
Establishment: La Cabana Restaurant	Address: 1956 Maryland Ave	City/State: Wilmington, DE	Zip Code: 19805	Telephone: (302) 684-2140
License/Permit #: N024991	Permit Holder: Gabrielle Rivas	Purpose of Inspection: Fire Call	Est. Type: FE	Risk Category: Med

#### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS		R	
<b>Supervision</b>					
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	IN OUT N/A	Certified Food Protection Manager			
<b>Employee Health</b>					
3	IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	IN OUT	Proper use of restriction and exclusion			
5	IN OUT	Procedures for responding to vomiting and diarrheal events			
<b>Good Hygienic Practices</b>					
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			
7	IN OUT N/O	No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>					
8	IN OUT N/O	Hands clean & properly washed			
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	IN OUT	Adequate handwashing sinks properly supplied and accessible			
<b>Approved Source</b>					
11	IN OUT	Food obtained from approved source			
12	IN OUT N/A N/O	Food received at proper temperature			
13	IN OUT	Food in good condition, safe, & unadulterated			
14	IN OUT N/A N/O	Required records available; shellstock tags, parasite destruction			
<b>Protection from Contamination</b>					
15	IN OUT N/A N/O	Food separated and protected			
16	IN OUT N/A	Food-contact surfaces; cleaned & sanitized			

Compliance Status		COS		R	
17	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food			
<b>Time/Temperature Control for Safety</b>					
18	IN OUT N/A N/O	Proper cooking time & temperatures			
19	IN OUT N/A N/O	Proper reheating procedures for hot holding			
20	IN OUT N/A N/O	Proper cooling time and temperature			
21	IN OUT N/A N/O	Proper hot holding temperatures			
22	IN OUT N/A N/O	Proper cold holding temperatures			
23	IN OUT N/A N/O	Proper date marking and disposition			
24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records			
<b>Consumer Advisory</b>					
25	IN OUT N/A	Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>					
26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>					
27	IN OUT N/A	Food additives; approved & properly used			
28	IN OUT N/A	Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>					
29	IN OUT N/A	Compliance with variance/specialized process/HACCP			

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

#### GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS		R	
<b>Safe Food and Water</b>					
30		Pasteurized eggs used where required			
31		Water & ice from approved source			
32		Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>					
33		Proper cooling methods used; adequate equipment for temperature control			
34		Plant food properly cooked for hot holding			
35		Approved thawing methods used			
36		Thermometers provided & accurate			
<b>Food Identification</b>					
37		Food properly labeled; original container			
<b>Prevention of Food Contamination</b>					
38		Insects, rodents, & animals not present			
39		Contamination prevented during food preparation, storage & display			
40		Personal cleanliness			
41		Wiping cloths; properly used & stored			
42		Washing fruits & vegetables			
<b>Proper Use of Utensils</b>					
43		In-use utensils; properly stored			
44		Utensils, equipment & linens; properly stored, dried, & handled			
45		Single-use/single-service articles; properly stored & used			
46		Gloves used properly			
<b>Utensils, Equipment and Vending</b>					
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48		Warewashing facilities; installed, maintained, & used; test strips			
49		Non-food contact surfaces clean			
<b>Physical Facilities</b>					
50		Hot & cold water available; adequate pressure			
51		Plumbing installed; proper backflow devices			
52		Sewage & waste water properly disposed			
53		Toilet facilities; properly constructed, supplied, & cleaned			
54		Garbage & refuse properly disposed; facilities maintained			
55		Physical facilities installed, maintained, & clean			
56		Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature): *[Signature]* Date: 2/24/2020

Inspector (Signature): *[Signature]* Follow-up: YES NO (Circle one) Follow-up Date: TBD



**DELAWARE HEALTH AND SOCIAL SERVICES**  
Division of Public Health

**Inspection Report**

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Delaware Division of Public Health  
Health Systems Protection  
417 Federal St., Dover, DE 19901

License/Permit # N 024991

Date 2/26/2020

Establishment La Cabana Restaurant

Address 1956 Maryland Ave

City/State Wilmington DE

Zip Code 19825

Telephone (302) 654-2110

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	
	a fire at
	Health Department received a call from NCC 911 regarding La Cabana Restaurant. During investigation I spoke with the owner, who said the fire happened on the stove. Staff was cooking fried fish in large pan when flames started. The ansul system <del>activated</del> and sprinkler system activated. The sprinklers put out fire. The fire happened around 9:00 am
	At arrival all lights were off in entire restaurant. Spoke with an employee who explained that Delmarva shut off electricity. They will have to call to get electricity restored. Bear Industries, inc fire protection systems was on-site to check and restore sprinkler system. Due to the flooding of water in kitchen and back area of dining, I was <sup>not</sup> able to inspect kitchen thoroughly. I was able to observe ceiling tiles that had fallen on top of equipment under hood. Hanging wires and out let. Bowls and plates under hood were dirty. A bag of onions was on a shelf. Boxes on top of refrigerators are soaked from water. Boxes contain items like to-go containers and styrofoam cups. Exposed cups, lids and other paper goods dirty.
	8-404.11 (P) Due to an imminent Health Hazard of a fire and extended interruption of electrical La Cabana Restaurant is closed.
	* Prior to re-inspection from Health Department the owner must:
	- Remove all water from kitchen and dining area.
	- Restore / turn on electricity
	- Have fire department / marshall inspect hood
	- Have ansul system reset
	- Clean and sanitizer entire kitchen, including walls, equipment, floors and plates/bowls
	- Discard all food and to-go containers, cups, napkins in the kitchen that has water damage. All food in refrigerators and freezers.

Person in Charge (Signature) [Signature]

Date: 2/26/2020

Inspector (Signature) NCC #1511-038

Date: 2/26/2020



### Inspection Report

Delaware Division of Public Health  
 Health Systems Protection  
 417 Federal St., Dover, DE 19901

License/Permit # 1024991

Date 2/26/2020

Establishment La Cabana Restaurant

Address 1956 Maryland Ave

City/State Wilmington DE

Zip Code 19805

Telephone (302) 654-2140

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number

- Replace all damaged ceiling tiles in kitchen
- All hanging/exposed wires must be properly covered.

Contact Health Department once all corrections have been made.

Person in Charge (Signature) [Signature]

Date: 2/26/2020

Inspector (Signature) NCC-FBI-038

Date: 2/26/2020