



Food Program Official Inspection Report

Siskiyou County Community Development Department
 Environmental Health Division
 806 S. Main Street
 Yreka, California 96097
 phone: (530) 841-2100, fax: (530) 841-4076

Facility Name: Hospice Senior Service	Permit # 000263
Address: 810 N Oregon St., Yreka, CA 96097	
Permit Holder: Madrone Hospice	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-841-5365	E-mail: sara@madronehospice.org
Food Safety Certified Employee: Samantha Lukensmeyer	Expiration Date: 05/2027

		MAJ	OUT	COS		
					The marked items represent Health Code violations and must be corrected as follows:	
Protection Time/Temp.	1	Food Temp.			<p style="text-align: center; margin-top: 0;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>2) Observed unwrapped straws with the mouth contact end facing upright and single-use paper towels without dispensers displayed at customer self-service station. Ensure self-service single-use utensils are individually wrapped or dispense from approved sanitary dispensers. Correct immediately.</p> <p>3) Observed raw chicken stored next to ready-to-eat food at reach-in refrigerator in the kitchen. Store raw food below RTE food, on separate shelf, or arranged where cross contamination is prevented. Corrected onsite.</p> <p>13) Observed wiping cloths stored in a sanibucket with less than 5ppm chlorine sanitizer solution. Maintain chlorine solution of 100ppm. Corrected onsite.</p>	
	2	Prep./ Service		X		
	3	Storage/ Disp.		X		X
	4	Frozen Food				
	5	Pure Food				
	6	Reused Food				
	7	Transportation				
Food Storage	8	Storage Fac.				
	9	Refrig. Units				
	10	Thermometer				
	11	Hazardous Mat.				
Uten./Equip.	12	Spoils				
	13	Wash/ Sanitize		X		X
	14	Equip. Condition				
	15	Utensil Condition				
Employee	16	Storage				
	17	Handwashing				
	18	Employee Hygiene				
	19	Employee Habits				
Water	20	Food Cert./ Card				
	21	Water				
	22	Cross Con.				
Waste	23	Liquid Waste				
	24	Refuse				
Vermin	25	Rodents/ Insects				
	26	Animal/ Fowl				
Facilities	27	Ventilation				
	28	Doors				
	29	Floors				
	30	Walls - Ceilings				
	31	Toilet Fac.				
	32	Janitorial Fac.				
	33	Lighting				
Misc.	34	Clothing - Linen				
	35	Signs				
	36	Misc.				

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site
Received By (Print): Chalyn Dewey Received by (Signature): _____ Date: 10/08/2025
REHS (Print): Chalyn Dewey REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Hospice Senior Service

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Received by (Signature):

Date:

10/08/2025

REHS (Print):

Chalyn Dewey

REHS (Signature):

Phone:

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