

Hunan By The Falls

Presentation Materials

March 18, 2025

ORC 3717.49	A1
OAC 3701-21-26	A2
Inspections	By Date
Letter 11/21/25	L1
Letter 12/5/25	L2
Letter 3/3/26	L3
Photos	P1-P7



Ohio Revised Code

Section 3717.49 Licensors may suspend or revoke food service operation licenses.

Effective: November 3, 1999

Legislation: House Bill 223 - 123rd General Assembly

(A) A licensor may suspend or revoke a food service operation license on determining that the license holder is in violation of any requirement of this chapter or the rules adopted under it applicable to food service operations, including a violation evidenced by the documented failure to maintain sanitary conditions within the operation.

(B)(1) Except in the case of a violation that presents an immediate danger to the public health, prior to initiating action to suspend or revoke a food service operation license, the licensor shall give the license holder written notice specifying each violation and a reasonable time within which each violation must be corrected to avoid suspension or revocation of the license. The licensor may extend the time specified in the notice for correcting a violation if the license holder is making a good faith effort to correct it.

If the license holder fails to correct the violation in the time granted by the licensor, the licensor may initiate action to suspend or revoke the food service operation license by giving the license holder written notice of the proposed suspension or revocation. The licensor shall include in the notice a description of the procedure for appealing the proposed suspension or revocation. The license holder may appeal the proposed suspension or revocation by giving written notice to the licensor. The license holder shall specify in the notice whether a hearing is requested. The appeal shall be conducted in accordance with division (B)(3) of this section.

Any action that may be taken by a licensor under division (B)(1) of this section may be taken by a health commissioner or other person employed by the licensor if the person or health commissioner is authorized by the licensor to take the action.

(2)(a) If actions are initiated to revoke or, except in the case of a violation that presents an immediate danger to the public health, to suspend a food service operation license, the licensor shall determine whether to revoke or suspend the license as follows:



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- (i) If the licensor is a board of health, by a majority vote of the members of the board present at a meeting at which there is a quorum;
 - (ii) If the director of health is acting as the licensor, by decision of the director.
- (b) If the licensor determines to revoke or suspend the license, the licensor shall issue an order revoking or suspending the license.
- (3) An appeal made under division (B)(1) of this section shall be conducted in accordance with procedures established in rules adopted by the director of health under section 3717.52 of the Revised Code. If a hearing is requested, it shall be held prior to the issuance of an order under division (B)(2) of this section, but may be conducted at the meeting at which issuance of the order is considered.

(C)(1) On determining that a license holder is in violation of any requirement of this chapter or the rules adopted under it applicable to food service operations and that the violation presents an immediate danger to the public health, the licensor may suspend the food service operation license without giving written notice or affording the license holder the opportunity to correct the violation. If the license holder is operating a mobile or catering food service operation, either the licensor that issued the license or the licensor for the health district in which the operation is being operated may suspend the license.

A suspension under division (C)(1) of this section takes effect immediately and remains in effect until the licensor lifts the suspension. When a mobile food service operation license is suspended under this division, the licensor that suspended the license shall hold the license until the suspension is lifted and the licensor receives from the license holder written notice of the next location at which the license holder proposes to operate the food service operation.

After suspending a license under division (C)(1) of this section, the licensor shall give the license holder written notice of the procedure for appealing the suspension. The license holder may appeal the suspension by giving written notice to the licensor and specifying in the notice whether a hearing is requested. The appeal shall be conducted in accordance with division (C)(2) of this section.



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Any action that may be taken by a licensor under division (C)(1) of this section may be taken by a health commissioner if the health commissioner is authorized by the licensor to take the action. A health commissioner who suspends a license under this authority may, on determining that there is no longer an immediate danger to the public health, lift the suspension without consulting the licensor.

(2)(a) If the license holder appeals a suspension under division (C)(1) of this section, the licensor shall determine whether the immediate danger to the public health continues to exist as follows:

(i) If the licensor is a board of health, by majority vote of the members of the board present at a meeting at which there is a quorum;

(ii) If the director of health is acting as the licensor, by decision of the director.

(b) If the licensor determines that there is no longer an immediate danger to the public health, the licensor shall lift the suspension. If the licensor determines that the immediate danger continues to exist, the licensor shall issue an order continuing the suspension.

(3) An appeal requested under division (C)(1) of this section shall be conducted in accordance with procedures established in rules adopted by the director of health under section 3717.52 of the Revised Code. If a hearing is requested, it shall be held not later than two business days after the request is received by the licensor. The hearing shall be held prior to the issuance of an order under division (C)(2) of this section, but may be conducted at the meeting at which issuance of the order is considered. In the case of a suspension of a mobile or catering food service operation license, the appeal shall be made to the licensor that suspended the license.

(D) A license holder may appeal an order issued under division (B) or (C) of this section as follows:

(1) If the order was issued by a board of health, to the common pleas court of the county in which the licensor is located;

(2) If the order was issued by the director of health, to the Franklin county court of common pleas.



Ohio Administrative Code
Rule 3701-21-26 Appeal procedures.
Effective: September 1, 2024

(A) This rule prescribes procedures for appealing the proposed denial, suspension or revocation of a food service operation license and appealing the suspension of a license for a violation presenting an immediate danger to the public health. An appeal of a proposed denial, suspension or revocation of an endorsement on a food service operation license and appeal of the suspension of an endorsement on a license for a violation presenting an immediate danger to the public health will be conducted in the same manner.

(B) In the case of a proposal to deny, suspend, or revoke a food service operation license, the licensor will provide the license holder with written notice of the proposed action and the cause for the action. The notice is to describe the procedure for appealing the proposed denial, suspension, or revocation.

(1) The licensor will provide written notice by certified mail, return receipt requested, or by hand delivery. If the notice is returned because of failure of delivery, the licensor is to send the notice by regular mail to the food service operation location listed on the license or conspicuously post the notice at an entrance of the operation, and posting or mailing constitutes notice.

(2) After receiving the notice, to obtain a hearing, the license holder will submit a written request that the licensor receives within fifteen days.

(3) The licensor will schedule a hearing before the licensor or a hearing officer designated by the licensor. If the licensor provides a hearing officer, he or she will be licensed to practice law in Ohio and cannot have participated in any manner in the decision to take the action against the license holder.

(4) The licensor will mail or hand-deliver notice of the date, time, and place of the hearing to the license holder no less than ten days before the scheduled date.



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(5) At the hearing, the license holder will be provided an opportunity to present its case orally or in writing and to confront and cross-examine witnesses. The license holder may be represented by legal counsel and may review the case record before the hearing. If the licensor is a board of health of a city or general health district or the authority having the duties of the board of health under section 3709.05 of the Revised Code, and a hearing officer has been designated, a member of that board does not have to be present at the hearing.

(6) If the hearing is before a hearing officer, he or she will prepare a written recommendation as to the validity of the licensor's action, which will rest solely on the evidence presented at the hearing and the statutory and regulatory provisions governing the licensor's action. The hearing officer will describe the basis for his or her recommendation, but need not prepare a full opinion or formal findings of fact and conclusions of law. The hearing officer will mail by certified mail, return receipt requested, or hand-deliver the recommendation to the licensor and the license holder. Either party may file objections to the recommendation provided that the objections are received by the licensor within five days of receiving a copy of the recommendation from the hearing officer.

(7) After reviewing any timely objections, the licensor may by motion take additional evidence or approve, modify, or disapprove the hearing officer's recommendation and will enter an order in the record of its proceedings.

(8) If the licensor does not receive a timely request for a hearing, the licensor may immediately enter an order as proposed in the notice.

(C) In the case of a suspension of a license issued for a violation presenting an immediate danger to the public health, the licensor will provide the license holder with written notice of the action, the cause for the action, and the effective date of the action. The written notice will specify the procedure for appealing the suspension and list the address to which a hearing request is to be sent or delivered. The license holder may appeal the suspension by mailing or hand-delivering a written request for a hearing to the address specified in the notice. If a hearing is requested, it will be heard not later than two business days after the request is received by the licensor. At the hearing, the license holder may have the opportunity to present its case orally or in writing and to confront and cross-examine witnesses. The license holder may be represented by counsel and may review the case record before the hearing. At the hearing, the licensor will determine whether the immediate danger



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to the public health continues to exist.

(D) Any determination made or order entered by the licensor pursuant to this rule will be made as follows:

(1) If the licensor is a board of health of a city or general health district or the authority having the duties of the board of health under section 3709.05 of the Revised Code, by majority vote of the members of the board or authority present at a meeting at which there is a quorum;

(2) If the director of health is acting as the licensor pursuant to section 3717.11 of the Revised Code, by decision of the director.

(E) If the licensor conducts the hearing, the licensor may immediately render a decision denying, suspending, or revoking a license, or render a decision removing or continuing a license suspension. If the licensor is a board of health of a city or general health district or the authority having the duties of the board of health under section 3709.05 of the Revised Code, the determination or order may be considered and made at a meeting without publication or advertisement, and may become effective without such publication or advertisement, recording or certifying. An order is not effective until it is recorded in the licensor's record of its proceedings.

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility HUNAN BY THE FALLS	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 75	Date 01/04/2024
Address 508 E WASHINGTON ST	City/State/Zip Code CHAGRIN FALLS OH 44022		
License holder AILEEN CHAN	Inspection Time 30	Travel Time 5	Category/Descriptive COMMERCIAL RISK 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) 01/17/2024	Water sample date/result (if required) / /

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable

Compliance Status		Compliance Status	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
Employee Health		Consumer Advisory	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Management, food employees and conditional employees; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Populations	
Proper use of restriction and exclusion		26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		Chemical	
Good Hygienic Practices		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Food additives: approved and properly used	
Proper eating, tasting, drinking, or tobacco use		28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		Conformance with Approved Procedures	
Preventing Contamination by Hands		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
8	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Hands clean and properly washed		30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Special Requirements: Fresh Juice Production	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
10	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Special Requirements: Heat Treatment Dispensing Freezers	
Adequate handwashing facilities supplied & accessible		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved Source		Special Requirements: Custom Processing	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food obtained from approved source		Special Requirements: Bulk Water Machine Criteria	
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
15	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
Food separated and protected		<p>Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	
16	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Food-contact surfaces: cleaned and sanitized			
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Proper disposition of returned, previously served, reconditioned, and unsafe food			
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper cooking time and temperatures			
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper reheating procedures for hot holding			
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper cooling time and temperatures			
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper hot holding temperatures			
22	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A		
Proper cold holding temperatures			

State of Ohio
Food Inspection Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS	Type of Inspection sta ccp	Date 01/04/2024
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GOOD RETAIL PRACTICES			
Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods. Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable			
Safe Food and Water		Utensils, Equipment and Vending	
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	54 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
Food Temperature Control		56 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Physical Facilities	
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Administrative	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils			
50	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		

Observations and Corrective Actions					
Mark 'X' in appropriate box for COS and R: COS = corrected on-site during inspection R = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		Follow up inspection will take place on or within two weeks after 1/17/24.	<input type="checkbox"/>	<input type="checkbox"/>
1	3717-1-02.4(C)(4)	C	Person in charge: duties - ensure food employees are effectively washing their hands. Did not observed any handwashing during prep and cooking; please remind all employees to wash hands when necessary.	<input type="checkbox"/>	<input type="checkbox"/>
1	3717-1-02.4(C)(9)	NC	Person in charge: duties - ensure employees are properly maintaining temperatures of TCS foods during hot and cold storage. See cold holding violation - walk-in cooler.	<input type="checkbox"/>	<input type="checkbox"/>
8	3717-1-02.2(C)	C	Hands and arms: when to wash 3717-1-02.2.C: Hands and arms - when to wash. Observed no handwashing during food prep and cooking; no handsoap at kitchen handsink - employee placed handsoap at handsink at time of inspection - after which, did not observed anyone washing their hands. Please wash hands when needed during food prep and cooking. Keep handsoap and paper towels at handsinks at all times.	<input type="checkbox"/>	<input type="checkbox"/>
10	3717-1-06.2(B)	NC	Handwashing cleanser - availability. No handsoap observed at kitchen handsink; employee placed handsoap at handsink at time of inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	3717-1-03.2(C)	C	Packaged and unpackaged food - preventing contamination by separation, packaging, and segregation. 3717-1-03.2.C: Packaged and unpackaged food - preventing contamination by separation, packaging, and segregation. Observed unpackaged chicken in walk-in freezer with cardboard box of food on top of it. Please keep food protected from any contamination source.	<input type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(A)(1)	C	Cleanliness of equipment food-contact surfaces and utensils. The soda gun in the bar area had build up of residues; please clean.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge LISA AUNT	Date 01/04/2024
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504	Licensor: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
 As per 15A 5302B The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio
Continuation Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS		Type of Inspection sta ccp	Date 01/04/2024		
Observations and Corrective Actions (continued) <small>Mark "X" in appropriate box for COS and R. COS = corrected on-site during inspection. R = repeat violation</small>					
Item No.	Code Section	Priority Level	Comment	COS	R
22	3717-1-03.4(F)(1)(b)	C	Time/temperature controlled for safety food - cold holding. 3717-1-03.4.F.1.b: At forty-one degrees Fahrenheit (five degrees Celsius) or less. Walk-in cooler temp was vascillating from 43F to 48F; the following food are to be discarded: raw bean sprouts 47.5F, cooked and cooled rice 48F, cooked lo mein noodles 48.8F, individual container half-and-half 47.4F. Do not keep TCS food in walk-in until it is serviced to hold 41F or below. Raw meats (chicken and beef - 45.2F, 45.6F, 45.7F) were recently prepped and are to be used during service and discarded at end of today's service.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0009		Preventing Contamination by Hands: Observed no supply of hand cleaning liquid, powder or bar soap at the handwashing sink(s).	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0015		TCS Food: TCS foods were not being held at the proper temperature.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0003		Protection from Contamination: Observed improper storage of food items.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-X.5		Chemical: Toxic materials are properly identified and stored.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(Q)	NC	Food storage - preventing contamination from the premises. Observed boxes of food on floor in walk-in cooler and walk-in freezer; keep all foods at least six inches off floor to prevent contamination.	<input type="checkbox"/>	<input type="checkbox"/>
50	3717-1-03.2(K)	NC	In-use utensils - between-use storage. Observed ice scoops inside ice bin in bar area. Please keep on clean surface or with handles up out of the ice to prevent contamination of the ice.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)	NC	Equipment - good repair and proper adjustment. Walk-in cooler is holding between 43F and 48F; please repair where it will hold 41F or below.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. 3717-1-04.5.A.3: Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. Observed excessive dust, mold, debris covering th ewalls and ceiling of the walk-in cooler. Remove the furnace filters inside the walk-in - it is full of dust, as well. The walk-in cooler shelving is encrusted with debris and dust. Please clean. Observed debris on bottom of the walk-in freezer, please clean. Observed debris, residues inside and outside all cold holding units; on shelving. Please clean.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. Observed excessive residues / debris on flooring throughout kitchen and warewashing area. Please clean.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge LISA AUNT	Date 01/04/2024
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504	Licensors: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
 As per HEA 5351 The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility HUNAN BY THE FALLS	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 75	Date 01/17/2024
Address 508 E WASHINGTON ST	City/State/Zip Code CHAGRIN FALLS OH 44022		
License holder AILEEN CHAN	Inspection Time 20	Travel Time 5	Category/Descriptive COMMERCIAL RISK 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input checked="" type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) //	Water sample date/result (if required) //

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																																																																																							
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable																																																																																																							
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State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS	Type of Inspection flwup	Date 01/17/2024
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GOOD RETAIL PRACTICES			
Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods. Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable			
Safe Food and Water		Utensils, Equipment and Vending	
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasturized eggs used where required	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: Installed, maintained, used; test strips
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed
Food Identification		Administrative	
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O 901:3-4 OAC
Prevention of Food Contamination		Administrative	
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 3701-21 OAC
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	
Proper Use of Utensils			
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use	

Observations and Corrective Actions					
Mark 'X' in appropriate box for COS and R: COS = corrected on-site during inspection R = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		Walk-in cooler approx 38F Reminder: Do not place raw meats above ready-to-eat foods in storage. Raw chicken must not be stored above any other types of raw meat. Continue to clean walk-in cooler. Continue to monitor walk-in cooler temperatures (41F or below). Continue to wash hands when necessary.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. Walk-in cooler was observed substantially cleaner: Mold removed from ceiling, majority of walls and off plastic shelving liners, dusty furnace filters were replaced with new ones; mold still present on metal shelving and back wall where the raw meats are stored. Please clean. Do not use furnace filters - they can accumulate dust and grow mold; use a filter approved for a walk-in.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Person In Charge KENNY	Date 01/17/2024
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504	Licensors: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
 As per RHA 5302B The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio
Food Inspection Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility HUNAN BY THE FALLS	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 75	Date 08/15/2024
Address 508 E WASHINGTON ST	City/State/Zip Code CHAGRIN FALLS OH 44022		
License holder AILEEN CHAN	Inspection Time 40	Travel Time 5	Category/Descriptive COMMERCIAL RISK 4 <25,000 SQ. FT.
Type of Inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) 08/22/2024	Water sample date/result (if required) / /

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																																																																																							
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable																																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #cccccc;">Compliance Status</th> </tr> <tr> <th colspan="2" style="background-color: #cccccc;">Supervision</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">1</td> <td><input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties</td> </tr> <tr> <td>2</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager</td> </tr> <tr> <th colspan="2" style="background-color: #cccccc;">Employee Health</th> </tr> <tr> <td>3</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting</td> </tr> <tr> <td>4</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion</td> </tr> <tr> <td>5</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events</td> </tr> <tr> <th colspan="2" style="background-color: #cccccc;">Good Hygienic Practices</th> </tr> <tr> <td>6</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use</td> </tr> <tr> <td>7</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O No discharge from eyes, nose, and mouth</td> </tr> <tr> <th colspan="2" style="background-color: #cccccc;">Preventing Contamination by Hands</th> </tr> <tr> <td>8</td> <td><input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed</td> </tr> <tr> <td>9</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed</td> </tr> <tr> <td>10</td> <td><input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible</td> </tr> <tr> <th colspan="2" style="background-color: #cccccc;">Approved Source</th> </tr> <tr> <td>11</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source</td> </tr> <tr> <td>12</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Food received at proper temperature</td> </tr> <tr> <td>13</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated</td> </tr> <tr> <td>14</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: shellstock tags, parasite destruction</td> </tr> <tr> <th colspan="2" style="background-color: #cccccc;">Protection from Contamination</th> </tr> <tr> <td>15</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected</td> </tr> <tr> <td>16</td> <td><input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned and sanitized</td> </tr> <tr> <td>17</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food</td> </tr> <tr> <th colspan="2" style="background-color: #cccccc;">Time/Temperature Controlled for Safety Food (TCS 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State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS	Type of Inspection sta ccp	Date 08/15/2024
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GOOD RETAIL PRACTICES			
Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods. Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable			
Safe Food and Water		Utensils, Equipment and Vending	
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	54	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	55	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		Physical Facilities	
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Nonfood-contact surfaces clean
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Plumbing installed; proper backflow devices
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination		62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Administrative	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901-3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
Proper Use of Utensils			
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		

Observations and Corrective Actions					
Mark "X" in appropriate box for COS and R: COS = corrected on-site during inspection R = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		Follow up will occur on or within three weeks after 8/22/24.	<input type="checkbox"/>	<input type="checkbox"/>
1	3717-1-02.4(C)(11)	C	Person in charge: duties - ensure employees are properly sanitizing equipment and utensils. Observed no chlorine residual on test strip when swabbed in warewasher after cycles complete. Ran multiple times, primed sanitizer, observed sanitizer coming out of tube, also observed soap mixed in with sanitizer. Service warewasher - use three comp sink to sanitize until there is a chlorine residual - warewasher is working properly. Must monitor sanitizer residuals.	<input type="checkbox"/>	<input type="checkbox"/>
1	3717-1-02.4(C)(4)	C	Person in charge: duties - ensure food employees are effectively washing their hands Observed no hand washing during inspection. Employees were actively cooking prepping foods. No handsoap or paper towels were at handsink at left of cooking equipment. PIC provided both during inspection. Please remind employees to wash hands between tasks and/ or when necessary.	<input type="checkbox"/>	<input type="checkbox"/>
8	3717-1-02.2(C)	C	Hands and arms: when to wash See violation 3717-1-02.4(C)(4)	<input type="checkbox"/>	<input type="checkbox"/>
10	3717-1-06.2(B)	NC	Handwashing cleanser - availability. See violation 3717-1-02.4(C)(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	3717-1-06.2(C)	NC	Handwashing sinks - hand drying provision. See violation 3717-1-02.4(C)(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.4(N)(1)	C	Manual and mechanical warewashing equipment, chemical sanitization (chlorine) - temp., pH, concentration, and hardness See violation 3717-1-02.4(C)(11)	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0001		Preventing Contamination by Hands: Observed no towels or hand drying device at the handwashing sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge TONY BARRICATOS	Date 08/15/2024
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504	Licenser: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
 As per HEA 5302B The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio
Continuation Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS			Type of Inspection sta ccp	Date 08/15/2024	
Observations and Corrective Actions (continued)					
Mark "X" in appropriate box for COS and R. COS = corrected on-site during inspection. R = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
			(s).		
35	CCP-III.0007		Preventing Contamination by Hands: Food employee(s) did not wash hands in situations that specifically require them to do so.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0009		Preventing Contamination by Hands: Observed no supply of hand cleaning liquid, powder or bar soap at the handwashing sink(s).	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0018		TCS Food: Observed hot foods being held at 135 F or above; cold foods being held at 41 F or below.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0005		Protection from Contamination: Equipment food-contact surfaces and utensils were not being sanitized.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-X.5		Chemical: Toxic materials are properly identified and stored.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)	NC	Equipment - good repair and proper adjustment. See violation 3717-1-02.4(C)(4)	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.2(I)	NC	Sanitizing solutions - testing devices. Observed no chlorine test strips. Provide. Monitor 50-99ppm residual.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. Observed tray with cooking ingredients on it that was very greasy/ debris buildup; please clean. Observed build up of debris on top of warewasher; please clean. Observed build up of debris on shelves, walls, ceiling (filters); please clean. Remove cardboard inside walk-in cooler - it is very soiled.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. Observed residues/ build up of debris on floor in warewashing area; please clean.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge TONY BARRICATOS		Date 08/15/2024
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504		Licensors: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
 As per HEA 5351 The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility HUNAN BY THE FALLS	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 75	Date 09/03/2024
Address 508 E WASHINGTON ST	City/State/Zip Code CHAGRIN FALLS OH 44022		
License holder AILEEN CHAN	Inspection Time 20	Travel Time 5	Category/Descriptive COMMERCIAL RISK 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input checked="" type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) //	Water sample date/result (if required) //

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS	
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable	
Compliance Status	Compliance Status
Supervision	Time/Temperature Controlled for Safety Food (TCS food)
1 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties	23 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper date marking and disposition <input type="checkbox"/> N/A <input type="checkbox"/> N/O
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT Time as a public health control: procedures & records <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Employee Health	Consumer Advisory
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT Consumer advisory provided for raw or undercooked foods <input type="checkbox"/> N/A
4 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion	Highly Susceptible Populations
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT Pasteurized foods used; prohibited foods not offered <input type="checkbox"/> N/A
Good Hygienic Practices	Chemical
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food additives: approved and properly used <input type="checkbox"/> N/A
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	28 <input type="checkbox"/> IN <input type="checkbox"/> OUT Toxic substances properly identified, stored, used <input type="checkbox"/> N/A
Preventing Contamination by Hands	Conformance with Approved Procedures
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan <input type="checkbox"/> N/A
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT No bare hand contact with ready-to-eat foods or approved alternate method properly followed <input type="checkbox"/> N/A <input type="checkbox"/> N/O	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Fresh Juice Production <input type="checkbox"/> N/A <input type="checkbox"/> N/O
10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Heat Treatment Dispensing Freezers <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved Source	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Custom Processing <input type="checkbox"/> N/A <input type="checkbox"/> N/O
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Bulk Water Machine Criteria <input type="checkbox"/> N/A <input type="checkbox"/> N/O
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food received at proper temperature <input type="checkbox"/> N/A <input type="checkbox"/> N/O	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Acidified White Rice Preparation Criteria <input type="checkbox"/> N/A <input type="checkbox"/> N/O
13 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT Critical Control Point Inspection <input type="checkbox"/> N/A
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT Required records available: shellstock tags, parasite destruction <input type="checkbox"/> N/A <input type="checkbox"/> N/O	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT Process Review <input checked="" type="checkbox"/> N/A
Protection from Contamination	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT Variance <input type="checkbox"/> N/A
15 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food separated and protected <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food-contact surfaces: cleaned and sanitized <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
17 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food	
Time/Temperature Controlled for Safety Food (TCS food)	
18 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper cooking time and temperatures <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper reheating procedures for hot holding <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper cooling time and temperatures <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
21 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper hot holding temperatures <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures	
	<p>Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS	Type of Inspection flwup	Date 09/03/2024
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GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable

Safe Food and Water		Utensils, Equipment and Vending	
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56 <input type="checkbox"/> IN <input type="checkbox"/> OUT Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
42	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	58 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
Food Identification			
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	59 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
Prevention of Food Contamination			
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	60 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	61 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	62 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	63 <input type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
Proper Use of Utensils		Administrative	
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use	

Observations and Corrective Actions

Mark "X" in appropriate box for COS and R. COS = corrected on-site during inspection R = repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		Observed approx 50ppm chlorine residual on owner's chlorine test strip warewasher. Observed handsoap and paper towels by handsink in kitchen; please remind food prep workers to wash hands when necessary/ changing tasks. Observed cleaner conditions inside walk-in cooler; continue to remove the cardboard on the flooring daily as discussed.	<input type="checkbox"/>	<input type="checkbox"/>
42	3717-1-03.4(C)	NC	Thawing - temperature and time control. Observed fish thawing in a plastic bin filled with water inside first three comp sink bin; packages of pork thawing inside second bin of three comp sink. Fish was placed under cold running water; pork taken to cooler. Thaw in cooler, under cold running water, or part of the cooking process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge AILEEN CHAN	Date 09/03/2024
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504	Licensors: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
As per AGR 5302B The Baldwin Group, Inc. (11/19)
As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility HUNAN BY THE FALLS	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 75	Date 01/22/2025
Address 508 E WASHINGTON ST	City/State/Zip Code CHAGRIN FALLS OH 44022		
License holder AILEEN CHAN	Inspection Time 90	Travel Time 5	Category/Descriptive COMMERCIAL RISK 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) //	Water sample date/result (if required) //

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS	
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable	
Compliance Status	Compliance Status
Supervision	
1 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Person in charge present, demonstrates knowledge, and performs duties
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager
Employee Health	
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Management, food employees and conditional employees; knowledge, responsibilities and reporting
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper use of restriction and exclusion
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrheal events
Good Hygienic Practices	
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	No discharge from eyes, nose, and mouth
Preventing Contamination by Hands	
8 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed
10 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate handwashing facilities supplied & accessible
Approved Source	
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Food received at proper temperature
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe, and unadulterated
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction
Protection from Contamination	
15 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food-contact surfaces: cleaned and sanitized
17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food
Time/Temperature Controlled for Safety Food (TCS food)	
18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper cooking time and temperatures
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper reheating procedures for hot holding
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper cooling time and temperatures
21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures
22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures
Time/Temperature Controlled for Safety Food (TCS food)	
23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper date marking and disposition
24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Time as a public health control: procedures & records
Consumer Advisory	
25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods
Highly Susceptible Populations	
26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered
Chemical	
27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used
28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, used
Conformance with Approved Procedures	
29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
30 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production
31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Heat Treatment Dispensing Freezers
32 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Custom Processing
33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Bulk Water Machine Criteria
34 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Acidified White Rice Preparation Criteria
35 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Critical Control Point Inspection
36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Process Review
37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Variance
<p>Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS	Type of Inspection sta ccp	Date 01/22/2025
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GOOD RETAIL PRACTICES		
<p style="font-size: small;">Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods. Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable</p>		
Safe Food and Water		
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Pasteurized eggs used where required
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source
Food Temperature Control		
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate
Food Identification		
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container
Prevention of Food Contamination		
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Wiping cloths: properly used and stored
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables
Proper Use of Utensils		
50	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use
Utensils, Equipment and Vending		
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained, used; test strips
56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Nonfood-contact surfaces clean
Physical Facilities		
57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot and cold water available; adequate pressure
58	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plumbing installed; proper backflow devices
59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed
60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned
61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained
62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used
64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Existing Equipment and Facilities
Administrative		
65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	901:3-4 OAC
66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC

Observations and Corrective Actions

Mark 'X' in appropriate box for COS and R: **COS** = corrected on-site during inspection **R** = repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs			<input type="checkbox"/>	<input type="checkbox"/>
1	3717-1-02.4(C)(4)	C	Approx 50ppm chlorine residual warewasher. Person in charge: duties - ensure food employees are effectively washing their hands. Observed no handsoap, paper towels at kitchen handsink; handsink faucet was leaking when turned on. Food was being prepared at time of inspection without availability of handsoap and paper towels; leaky faucet. Please keep handsinks properly supplied to facilitate handwashing. Discussed with owner.	<input type="checkbox"/>	<input type="checkbox"/>
8	3717-1-02.2(C)	C	Hands and arms: when to wash See violation 3717-1-02.4(C)(4)	<input type="checkbox"/>	<input type="checkbox"/>
10	3717-1-06.2(B)	NC	Handwashing cleanser - availability. See violation 3717-1-02.4(C)(4)	<input type="checkbox"/>	<input type="checkbox"/>
10	3717-1-06.2(C)	NC	Handwashing sinks - hand drying provision. See violation 3717-1-02.4(C)(4)	<input type="checkbox"/>	<input type="checkbox"/>
15	3717-1-03.2(C)	C	Packaged and unpackaged food - preventing contamination by separation, packaging, and segregation. Observed raw chicken stored above raw beef in walk-in cooler. Per cooking temperatures, the chicken needs to be moved below the beef. Discussed with owner.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0001		Preventing Contamination by Hands: Observed no towels or hand drying device at the handwashing sink(s)	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0009		Preventing Contamination by Hands: Observed no supply of hand cleaning liquid, powder or bar soap at the handwashing sink(s).	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0018		TCS Food: Observed hot foods being held at 135 F or above; cold foods being held at 41 F or below.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0005		Protection from Contamination: Equipment food-contact surfaces and utensils were being sanitized.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge AILEEN CHAN	Date 01/22/2025
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504	Licensors: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
As per HEA 5302B The Baldwin Group, Inc. (11/19)
As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS		Type of Inspection sta ccp	Date 01/22/2025		
Observations and Corrective Actions (continued)					
Mark 'X' in appropriate box for COS and R. COS = corrected on-site during inspection. R = repeat violation.					
Item No.	Code Section	Priority Level	Comment	COS	R
35	CCP-X.5		Chemical: Toxic materials are properly identified and stored.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(Q)	NC	Food storage - preventing contamination from the premises. Observed large bags cabbage on floor near ice machine; boxes of canned goods under shelving near walk-in freezer; bagged carrots, box of vegetables, box of eggs on floor in walk-in cooler - please keep off floor at least six inches to avoid contamination.	<input type="checkbox"/>	<input type="checkbox"/>
50	3717-1-03.2(K)	NC	In-use utensils - between-use storage. Observed ice scoop stored on top of ice machine; please store on clean surface or in the ice with the handle up out of the ice to avoid contamination of ice by bare hands.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. Observed dusty cardboard filters on compressor fans in walk-in cooler (filters should not be there) - removed by PIC; the following needs cleaned: dusty shelving in walk-in cooler; floors in both walk-ins (remove old cardboard).	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. See violation 3717-1-02.4(C)(4)	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. Observed debris on flooring throughout kitchen and warewashing area; please clean.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge AILEEN CHAN	Date 01/22/2025
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504	Licensors: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
 As per HEA 5351 The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility HUNAN BY THE FALLS	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 75	Date 07/23/2025
Address 508 E WASHINGTON ST		City/State/Zip Code CHAGRIN FALLS OH 44022	
License holder AILEEN CHAN	Inspection Time 60	Travel Time 5	Category/Descriptive COMMERCIAL RISK 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation			Follow-up date (if required) 07/30/2025
			Water sample date/result (if required) / /

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable			
Compliance Status		Compliance Status	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	
Certified Food Protection Manager		Time as a public health control: procedures & records	
Employee Health		Consumer Advisory	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
Management, food employees and conditional employees; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Populations	
Proper use of restriction and exclusion		26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		Chemical	
Good Hygienic Practices		27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Food additives: approved and properly used	
Proper eating, tasting, drinking, or tobacco use		28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		Conformance with Approved Procedures	
Preventing Contamination by Hands		29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
8	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Hands clean and properly washed		30 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Special Requirements: Fresh Juice Production	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
10	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Special Requirements: Heat Treatment Dispensing Freezers	
Adequate handwashing facilities supplied & accessible		32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Approved Source		Special Requirements: Custom Processing	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food obtained from approved source		Special Requirements: Bulk Water Machine Criteria	
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
Required records available: shellstock tags, parasite destruction		Process Review	
Protection from Contamination		37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
Food separated and protected		<p>Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Food-contact surfaces: cleaned and sanitized			
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Proper disposition of returned, previously served, reconditioned, and unsafe food			
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper cooking time and temperatures			
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper reheating procedures for hot holding			
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper cooling time and temperatures			
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper hot holding temperatures			
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Proper cold holding temperatures			

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS	Type of Inspection sta ccp	Date 07/23/2025
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GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable

Safe Food and Water		Utensils, Equipment and Vending	
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Pasturized eggs used where required	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Food Temperature Control		Physical Facilities	
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Approved thawing methods used	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Identification		Administrative	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Prevention of Food Contamination		901:3-4 OAC	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Wiping cloths: properly used and stored	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables	
Proper Use of Utensils		3701-21 OAC	
50	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use	

Observations and Corrective Actions

Mark "X" in appropriate box for COS and R: **COS** = corrected on-site during inspection **R** = repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		FOLLOW UP WILL OCCUR ON OR WITHIN TWO WEEKS AFTER 7/30/25.	<input type="checkbox"/>	<input type="checkbox"/>
			APPROX 99PPM CHLORINE RESIDUAL WAREWASHER AT TIME OF INSPECTION - THIS IS PROPER RESIDUAL.	<input type="checkbox"/>	<input type="checkbox"/>
1	3717-1-02.4(C)(4)	C	Person in Charge: Duties - ensure food employees are effectively washing their hands OBSERVED ACTIVE COOKING/ FOOD PREP - NO ONE WASHING THEIR HANDS. NO HANDSOAP AND NO PAPER TOWELS AT KITCHEN HANDSINK. HANDSOAP AND PAPER TOWELS WERE REPLACED AT TIME OF INSPECTION. DISCUSSED HANDWASHING WHEN NECESSARY WITH OWNER TO TELL FOOD PREP STAFF AND COOKS - REMINDING.	<input type="checkbox"/>	<input type="checkbox"/>
8	3717-1-02.2(C)	C	Hands and Arms- when to wash SEE VIOLATION 3717-1-02.4(C)(4)	<input type="checkbox"/>	<input type="checkbox"/>
10	3717-1-06.2(B)	NC	Handwashing Cleanser - availability.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	3717-1-06.2(C)	NC	Handwashing Sinks - hand drying provision.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0001		Preventing Contamination by Hands: Observed no towels or hand drying device at the handwashing sink(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0007		Preventing Contamination by Hands: Food employee(s) did not wash hands in situations that specifically require them to do so.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0009		Preventing Contamination by Hands: Observed no supply of hand cleaning liquid, powder or bar soap at the handwashing sink(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0018		TCS Food: Observed hot foods being held at 135 F or above; cold foods being held at 41 F or below.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-X.5		Chemical: Toxic materials are properly identified and stored.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(Q)	NC	Food storage - Preventing Contamination from the Premises	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge AILEEN CHAN	Date 07/23/2025
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504	Licenser: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
As per HIA 5302B The Baldwin Group, Inc. (11/19)
As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS			Type of Inspection sta ccp	Date 07/23/2025	
Observations and Corrective Actions (continued)					
Mark 'X' in appropriate box for COS and R. COS = corrected on-site during inspection. R = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
			BAG OF ONIONS, BOX SPRING ROLL WRAPS ON FLOOR IN WALK-IN COOLER; BOXES OF PREPPED WONTON AND BOX SHRIMP ON FLOOR IN WALK-IN FREEZER - PLACE FOODS AT LEAST SIX INCHES OFF FLOOR TO PREVENT CONTAMINATION.		
50	3717-1-03.2(K)	NC	In-use utensils - between-use storage. OBSERVED ICE SCOOP STORED ATOP ICE MACHINE - OWNER REMOVED AND TO BE PLACED ON CLEAN PREP TABLE - DO NOT STORE ON TOP ICE MACHINE -	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04(A)	C	Multiuse utensils and food contact surfaces - material characteristics OBSERVED REUSED / OLD-LOOKING CARDBOARD BOXES TO STORE PREPPED EGG ROLLS AND PREPPED WONTONS - PLEASE USE ONLY MATERIALS THAT ARE FOR FOOD CONTACT - SMOOTH AND EASILY CLEANABLE - DURABLE -	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. WALK-IN COOLER HAD MOLD COVERING ITS WALLS; SOILED CARDBOARD ON FLOORING THAT NEEDS REMOVED; EXTREMELY DUSTY FURNACE FILTERS ON CEILING COMPRESSOR FANS THAT NEED REMOVED. PLEASE THOROUGHLY CLEAN OFF MOLD OFF WALLS. TEMP WAS PROPER APPROX 33-35F AMBIENT. EXTERNAL HOOD SYSTEMS VENTS ARE GREASY; CLEAN. COOKING EQUIPMENT WAS GREASY; CLEAN.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED EXCESSIVE GREASE/ DEBRIS ON WALL TO LEFT OF HOOD SYSTEM; FLOORS ARE GREASY WITH DEBRIS THROUGHOUT KITCHEN AND WAREWASHING AREAS - PLEASE CLEAN.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge AILEEN CHAN		Date 07/23/2025
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504		Licensors: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
 As per HIA 5351 The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility HUNAN BY THE FALLS	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 75	Date 08/13/2025
Address 508 E WASHINGTON ST	City/State/Zip Code CHAGRIN FALLS OH 44022		
License holder AILEEN CHAN	Inspection Time 30	Travel Time 50	Category/Descriptive COMMERCIAL RISK 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input checked="" type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) 09/15/2025	Water sample date/result (if required) / /

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable			
Compliance Status		Compliance Status	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records
Employee Health		Consumer Advisory	
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Populations	
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered
Good Hygienic Practices		Chemical	
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food additives: approved and properly used
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used
Preventing Contamination by Hands		Conformance with Approved Procedures	
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers
Approved Source		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Bulk Water Machine Criteria
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Acidified White Rice Preparation Criteria
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Critical Control Point Inspection
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Process Review
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Variance
15	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<p>Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT		
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS	Type of Inspection flwup	Date 08/13/2025
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GOOD RETAIL PRACTICES			
Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods. Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable			
Safe Food and Water		Utensils, Equipment and Vending	
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	55	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	57	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
Food Identification		60	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination		62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Administrative	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
Proper Use of Utensils			
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		

Observations and Corrective Actions

Mark 'X' in appropriate box for COS and R: COS = corrected on-site during inspection R = repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		<p>FOLLOW UP: OBSERVED HANDSOAP AND PAPER TOWELS AT KITCHEN HANDSINK; SINK APPEARED WET AS HAD BEEN USED. PLEASE CONTINUE TO KEEP HANDSOAP AND PAPER TOWELS AVAILABLE AT HANDSINK AT ALL TIMES. REMIND FOOD PREP/ COOKS TO WASH HANDS WHEN NECESSARY. CORRECTED.</p> <p>OBSERVED EXTERNAL VENTS OF HOOD SYSTEM CLEAN. THE COOKING EQUIPMENT WAS OBSERVED STILL GREASY - CLEAN ALL COOKING EQUIPMENT THOROUGHLY AND MAINTAIN BY CLEANING REGULARLY. DO NOT ALLOW GREASE/ DEBRIS TO BUILD UP.</p> <p>OBSERVED EXCESSIVE MOLD BUILD UP ON WALLS ON THE WALK-IN COOLER. SHELVE IS ENCRUSTED WITH DEBRIS AND DUST. CEILING FURNACE FILTERS ARE PACKED WITH DUST. OBSERVED UNCOVERED BINS OF FOOD - ALL BINS OF FOOD MUST BE COVERED TO PREVENT CONTAMINATION FROM THE DUST/ DEBRIS ON THE CEILING AND SHELVE. CARDBOARD NEEDS TO BE REMOVED FROM THE FLOORING IN BOTH THE WALK-IN COOLE AND WALK-IN FREEZER.</p> <p>OBSERVED ICE SCOOP HANGING ON SIDE OF ICE MACHINE; CORRECTED. CONTINUE TO KEEP IN THIS CLEAN LOCATION AND NOT ON TOP OF THE ICE MACHINE.</p> <p>OBSERVED EGG ROLLS INSIDE CARDBOARD BOX IN WALK-IN FREEZER; PLACE ALL FOODS IN SMOOTH AND EASILY CLEANABLE CONTAINERS/ BINS. CARDBOARD CANNOT BE WASHED AND SANITIZED AS IT IS POROUS AND NOT DURABLE FOR FOOD STORAGE.</p> <p>OBSERVED BAG OF CARROTS AND BOX OF POTATOES ON FLOOR IN WALK-IN COOLER - PLACE UP AT LEAST SIX INCHES OFF FLOOR TP PREVENT CONTAMINATION OF THE FOODS.</p> <p>OBSERVED BINS OF RAW CHICKEN OVER BINS OF RIBS, SHRIMP AND FISH; COOK MOVED THE CHICKEN BELOW OTHER MEATS ACCORDING TO FOOD SAFETY COOKING TEMPS AT TIME OF</p>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge EDDIE	Date 08/13/2025
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504	Licensor: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
As per HEA 5302B The Baldwin Group, Inc. (11/19)
As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio
Continuation Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS			Type of Inspection flwup	Date 08/13/2025	
Observations and Corrective Actions (continued)					
Mark 'X' in appropriate box for COS and R. COS = corrected on-site during inspection R = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
			INSPECTION. CORRECTED. THE INTERNAL COOKING TEMP FOR CHICKEN IS 165F - IF CHICKEN WERE TO CONTAMINATE THE OTHER MEATS - THEIR COOKING TEMPS ARE LOWER THAN 165F (145F). THE NEXT FOLLOW UP INSPECTION WILL OCCUR ON OR WITHIN TWO WEEKS AFTER 9/15/25. IF THERE ARE REPEAT CRITICALS, AND/ OR THE WALK-IN COOLER HAS NOT BEEN THOROUGHLY CLEANED, AN OFFICE HEARING WILL BE HELD AS PART OF THE ENFORCEMENT PROCESS.		
15	3717-1-03.2(C)	C	Packaged and unpackaged food - separation, packaging, and segregation. SEE COMMENTS ON STORING RAW CHICKEN IN WALK-IN COOLER. CORRECTED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(Y)	NC	Miscellaneous sources of contamination. SEE COMMENTS REGARDING COVERING FOOD IN WALK-IN COOLER.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(Q)	NC	Food storage - Preventing Contamination from the Premises SEE COMMENTS REGARDING FOOD ON FLOOR IN WALK-IN COOLER.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
54	3717-1-04(A)	C	Multiluse utensils and food contact surfaces - material characteristics SEE COMMENTS REGARDING CARDBOARD STORAGE FOR FOOD.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. SEE COMMENTS REGARDING CLEANING WALK-IN COOLER/ COOKING EQUIPMENT.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED GREASE ON WALL TO LEFT OF HOOD SYSTEM; CLEAN. **NOTE - THE FLOORS WERE OBSERVED CLEANER IN KITCHEN AND WAREWASHING AREAS. CONTINUE TO CLEAN REGULARLY.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Person in Charge EDDIE	Date 08/13/2025
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504	Licensors: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-
 CRITICAL
 As per HEA 5351 The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility HUNAN BY THE FALLS	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 75	Date 09/24/2025
Address 508 E WASHINGTON ST	City/State/Zip Code CHAGRIN FALLS OH 44022		
License holder AILEEN CHAN	Inspection Time 50	Travel Time 50	Category/Descriptive COMMERCIAL RISK 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input checked="" type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) //	Water sample date/result (if required) //

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable		
Compliance Status		
Supervision		
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Person in charge present, demonstrates knowledge, and performs duties
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager
Employee Health		
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Management, food employees and conditional employees; knowledge, responsibilities and reporting
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper use of restriction and exclusion
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrheal events
Good Hygienic Practices		
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth
Preventing Contamination by Hands		
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate handwashing facilities supplied & accessible
Approved Source		
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe, and unadulterated
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction
Protection from Contamination		
15	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected
16	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food-contact surfaces: cleaned and sanitized
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food
Time/Temperature Controlled for Safety Food (TCS food)		
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time and temperatures
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time and temperatures
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures
Compliance Status		
Time/Temperature Controlled for Safety Food (TCS food)		
23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking and disposition
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Time as a public health control: procedures & records
Consumer Advisory		
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods
Highly Susceptible Populations		
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered
Chemical		
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used
28	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, used
Conformance with Approved Procedures		
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Heat Treatment Dispensing Freezers
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Custom Processing
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Bulk Water Machine Criteria
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Acidified White Rice Preparation Criteria
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Critical Control Point Inspection
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Process Review
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance
<p>Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>		

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS	Type of Inspection ftwup	Date 09/24/2025
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GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable

Safe Food and Water		Utensils, Equipment and Vending		
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips	
Food Temperature Control		Physical Facilities		
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Nonfood-contact surfaces clean	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure	
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices	
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed	
Food Identification		Prevention of Food Contamination		
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	60 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned	
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	61 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained	
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	62 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	63 <input type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	Administrative	
Proper Use of Utensils		50 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC	
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC	
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used		
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use		

Observations and Corrective Actions

Mark 'X' in appropriate box for COS and R: COS = corrected on-site during inspection R = repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		<p>FOLLOW UP INSPECTION CONDUCTED WITH AMANDA O'BRIEN.</p> <p>AS STATED ON THE 8/13/25 FOLLOW UP INSPECTION REPORT: THE NEXT FOLLOW UP INSPECTION WILL OCCUR ON OR WITHIN TWO WEEKS AFTER 9/15/25. IF THERE ARE REPEAT CRITICALS, AND/OR THE WALK-IN COOLER HAS NOT BEEN THOROUGHLY CLEANED, AN OFFICE HEARING WILL BE HELD AS PART OF THE ENFORCEMENT PROCESS.</p> <p>AT TODAY'S FOLLOW UP INSPECTION, IT WAS OBSERVED THAT THE WALK-IN COOLER HAD BEEN CLEANED - NO MOLD WAS VISIBLE ON THE WALLS AND SHELVING HAD BEEN CLEANED. THE FILTERS ON CEILING OVER THE COMPRESSOR FANS HAD BEEN CHANGED OUT - NO EXCESSIVE DUST BUILD UP. CARDBOARD HAD BEEN REMOVED.</p> <p>PLEASE SEE THE VIOLATIONS BELOW THAT WERE OBSERVED AT TIME OF INSPECTION. DUE TO UNRESOLVED NON CRITICAL AND CRITICAL VIOLATIONS, AND ADDITIONAL VIOLATIONS OBSERVED, AN OFFICE HEARING WILL BE HELD ON OCTOBER 3, 2015 AT 10:00AM AT GEUGA PUBLIC HEALTH, 12611 RAVENWOOD DRIVE, SUITE 300, CHARDON OH 44024. OUR OFFICE IS LOCATED ACROSS FROM THE ELEVATORS. DISCUSSED OFFICE HEARING DETAILS WITH OWNER.</p>	<input type="checkbox"/>	<input type="checkbox"/>
15	3717-1-03.2(C)	C	<p>Packaged and unpackaged food - separation, packaging, and segregation.</p> <p>OBSERVED RAW CHICKEN STORED ON SHELF ABOVE CONTAINERS OF COOKED GARLIC IN WALK-IN COOLER; OBSERVED RAW BEEF ABOVE COOKED NOODLES IN WALK-IN COOLER. NEVER STORE RAW ANIMAL PRODUCTS ABOVE READ-TO-EAT FOODS AS THEY MAY CONTAMINATE THE READY TO EAT FOODS.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	3717-1-04.5(A)(1)	C	<p>Equipment Food Contact Surfaces and Utensils: Clean to Sight and Touch</p> <p>OBSERVED MOLD GROWTH INSIDE ICE MACHINE. DRAIN ICE MACHINE - CLEAN AND SANITIZE THOROUGHLY BEFORE USING.</p>	<input type="checkbox"/>	<input type="checkbox"/>
28	3717-1-07.1(A)	C	Storage: separation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge AILEEN CHAN	Date 09/24/2025
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504	Licenser: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
As per HEA 5302B The Baldwin Group, Inc. (11/19)
As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio
Continuation Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS		Type of Inspection flwup	Date 09/24/2025		
Observations and Corrective Actions (continued)					
Mark 'X' in appropriate box for COS and R. COS = corrected on-site during inspection R = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
			CANISTER OF WD-40 WAS STORED ON TOP SHELF OF PREP TABLE IN COOKING AREA - WAS REMOVED. DO NOT PLACE CHEMICALS ABOVE OR NEXT TO CLEAN EQUIPMENT/FOOD.		
45	3717-1-06.1(K)	NC	Insect control devices - design and installation. FLY STRIPS OBSERVED HANGING ABOVE CLEAN DISHES IN WAREWASHING AREA. MOVE FLY STRIP TO AREA NOT ABOVE CLEAN EQUIPMENT OR FOOD.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(Q)	NC	Food storage - Preventing Contamination from the Premises OBSERVED BAG OF CABBAGE AND BOX OF SPRING ROLL WRAPS ON FLOOR IN WALK-IN COOLER. PLACE FOOD UP OFF GROUND AT LEAST SIX INCHES TO HELP PREVENT FROM CONTAMINATION.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
46	3717-1-03.2(Y)	NC	Miscellaneous sources of contamination. OBSERVED BOWL OF FRESH SHRIMP IN WALK-IN COOLER WITHOUT COVER. MAKE SURE ALL CONTAINERS OF FRESH OR COMPLETELY COOLED DOWN FOODS ARE COMPLETELY COVERED TO PREVENT CONTAMINATION.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
54	3717-1-04(A)	C	Multiuise utensils and food contact surfaces - material characteristics SEVERAL CARDBOARD BOXES WERE OBSERVED IN PREP COOLER AND WALK-IN FREEZER CONTAINING EGGROLLS, WONTONS, VARIOUS FOODS. CARDBOARD IS NOT A SMOOTH, NON-POROUS, EASILY CLEANABLE MATERIAL. IT CAN HARBOR BACTERIA AND CONTRIBUTE TO CROSS-CONTAMINATION. ONLY USE FOOD GRADE, SMOOTH, EASILY CLEANABLE, NON-POROUS CONTAINERS.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. FRYERS WERE EXCESSIVELY GREASY; EXTERIOR OF HOOD SYSTEM HAD EXCESSIVE GREASE ACCUMULATION (AS DISCUSSED - INCREASE HOOD CLEANING FREQUENCY); COOKING EQUIPMENT EXCESS GREASE - CLEAN THOROUGHLY AND REGULARLY TO PREVENT BUILD UP OF GREASE/ DEBRIS.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58	3717-1-05.1(D)	C	Backflow Prevention - Air Gap: Water Supply Inlet DRAIN LINES FROM ICE MACHINE WERE INSIDE FLOOR DRAIN WITHOUT AIR GAP. PROVIDE AIR GAP TO PREVENT CONTAMINATION OF ICE IF WERE TO BACK SIPHONAGE INTO ICE MACHINE.	<input type="checkbox"/>	<input type="checkbox"/>
61	3717-1-05.4(P)	NC	Maintaining refuse areas and enclosures. OBSERVED LARGE DRUMS OF SANITIZER STORED IN OUTSIDE DUMPSTER AREA BY THE DUMPSTER AND GREASE RECEPTACLE. KEEP ANYTHING THAT IS TO BE BROUGHT INSIDE YOUR FACILITY STORED IN A CLEAN STORAGE AREA. OBSERVED DEBRIS ON GROUND BY DUMPSTER AND EXCESSIVE GREASE ON EXTERIOR OF GREASE RECEPTACLE. CLEAN DUMPSTER; KEEP EXTERIOR OF GREASE RECEPTACLE AS CLEAN AS POSSIBLE AS TO NOT CAUSE A NUISANCE - ATTRACT PESTS.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. MISSING TILE/ FLOOR DAMAGE JUST OUTSIDE THE WALK-IN COOLER - HAD STANDING WATER IN IT. REPAIR/ REPLACE MISSING TILE. DO NOT ALLOW WATER TO STAND STAGNANT ON FLOORS - MAY ACCUMULATE AND GROW BACTERIA.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED GREASE ON WALL BEHIND COOKING EQUIPMENT; GREASE/ DEBRIS ON FLOOR UNDER STEAM TABLE; FLOORS HAD EXCESSIVE FOOD DEBRIS AND STANDING WATER THROUGHOUT. THOROUGHLY CLEAN - MAINTAIN BY CLEANING REGULARLY.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Person in Charge AILEEN CHAN	Date 09/24/2025
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504	Licensors: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
 As per AEA 5351 The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility HUNAN BY THE FALLS	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 75	Date 10/03/2025
Address 508 E WASHINGTON ST	City/State/Zip Code CHAGRIN FALLS OH 44022		
License holder AILEEN CHAN	Inspection Time 40	Travel Time 0	Category/Descriptive COMMERCIAL RISK 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) 11/04/2025	Water sample date/result (if required) / /

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS	
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable	
Compliance Status	Compliance Status
Supervision	
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager
Employee Health	
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events
Good Hygienic Practices	
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth
Preventing Contamination by Hands	
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible
Approved Source	
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: shellstock tags, parasite destruction
Protection from Contamination	
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned and sanitized
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food
Time/Temperature Controlled for Safety Food (TTCS food)	
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures
Time/temperature Controlled for Safety Food (TTCS food)	
23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records
Consumer Advisory	
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods
Highly Susceptible Populations	
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered
Chemical	
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food additives: approved and properly used
28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used
Conformance with Approved Procedures	
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Bulk Water Machine Criteria
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Acidified White Rice Preparation Criteria
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Critical Control Point Inspection
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Process Review
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Variance
<p>Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS	Type of Inspection	Date 10/03/2025
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GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable

Safe Food and Water		Utensils, Equipment and Vending		
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips	
Food Temperature Control		Physical Facilities		
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56 <input type="checkbox"/> IN <input type="checkbox"/> OUT Nonfood-contact surfaces clean	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure	
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices	
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed	
Food Identification		60 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned	61 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained	
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	62 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
Prevention of Food Contamination		45 <input type="checkbox"/> IN <input type="checkbox"/> OUT Insects, rodents, and animals not present/outer openings protected	63 <input type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used	
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities	
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	Administrative	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC	
Proper Use of Utensils		50 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored		
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled		
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used		
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use		

Observations and Corrective Actions

Mark 'X' in appropriate box for COS and R: **COS** = corrected on-site during inspection **R** = repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		<p>OFFICE HEARING - DAN LARK, CADY STROMP, MIA KRUGGEL, AILEEN CHAN AND GUEST PRESENT FOR MEETING. DISCUSSED REPEATED CRITICAL AND NON-CRITICAL VIOLATIONS. WILL FOLLOW UP ON OR WITHIN TWO WEEKS AFTER NOVEMBER 4, 2025.</p> <p>MRS CHAN SHOWED PHOTOS OF IMPROVEMENT PERTAINING TO CLEANING AND ORGANIZATION IN WALK-IN COOLER/ FREEZER. PLASTIC BINS FOR FOODS - COVERED. ETC</p> <p>PER MRS CHAN, KENNY CHOU AND HIS ASSISTANT, ANTONIO, HAVE THEIR FOOD SAFETY CERTIFICATIONS.</p> <p>AS STATED ABOVE, WILL FOLLOW UP ON OR WITHIN TWO WEEKS AFTER NOV 4 2025.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge OFFICE HEARING	Date 10/03/2025
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504	Licensor: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
As per R 5302B The Baldwin Group, Inc. (11/19)
As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility HUNAN BY THE FALLS	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 75	Date 11/07/2025
Address 508 E WASHINGTON ST	City/State/Zip Code CHAGRIN FALLS OH 44022		
License holder AILEEN CHAN	Inspection Time 120	Travel Time 20	Category/Descriptive COMMERCIAL RISK 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input checked="" type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) 11/24/2025	Water sample date/result (if required) / /

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable		
Compliance Status		
Supervision		
1	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Person in charge present, demonstrates knowledge, and performs duties
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager
Employee Health		
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Management, food employees and conditional employees; knowledge, responsibilities and reporting
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper use of restriction and exclusion
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrheal events
Good Hygienic Practices		
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth
Preventing Contamination by Hands		
8	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed
10	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate handwashing facilities supplied & accessible
Approved Source		
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe, and unadulterated
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction
Protection from Contamination		
15	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected
16	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food-contact surfaces: cleaned and sanitized
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food
Time/Temperature Controlled for Safety Food (TTCS food)		
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time and temperatures
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time and temperatures
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures
Compliance Status		
Time/Temperature Controlled for Safety Food (TTCS food)		
23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking and disposition
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Time as a public health control: procedures & records
Consumer Advisory		
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods
Highly Susceptible Populations		
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered
Chemical		
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used
28	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, used
Conformance with Approved Procedures		
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Heat Treatment Dispensing Freezers
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Custom Processing
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Bulk Water Machine Criteria
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Acidified White Rice Preparation Criteria
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Critical Control Point Inspection
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Process Review
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance
<p>Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>		

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS	Type of Inspection flwup	Date 11/07/2025
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GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable

Safe Food and Water		Utensils, Equipment and Vending	
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
42	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
Food Identification		Administrative	
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
Prevention of Food Contamination		Administrative	
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	
Proper Use of Utensils			
50	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use	

Observations and Corrective Actions

Mark 'X' in appropriate box for COS and R: **COS** = corrected on-site during inspection **R** = repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		FOLLOW UP INSPECTION WITH CADY STROMP WAS CONDUCTED. DUE TO THE REPEAT VIOLATIONS AND CRITICAL VIOLATIONS, GPH WILL BEGIN THE PROCESS TO SUSPEND OR REVOKE YOUR FOOD SERVICE OPERATION LICENSE. THE VIOLATIONS MUST BE CORRECTED OR YOUR FACILITY WILL BE RECOMMENDED TO THE BOARD OF HEALTH AT THEIR DECEMBER MEETING FOR SUSPENSION OR REVOCATION OF YOUR FOOD SERVICE OPERATION LICENSE. A FOLLOW UP INSPECTION WILL OCCUR ON OR WITHIN TWO WEEKS AFTER 11/24/25.	<input type="checkbox"/>	<input type="checkbox"/>
1	3717-1-02.4(C)(4)	C	Person in Charge: Duties - ensure food employees are effectively washing their hands THE KITCHEN HANDSINK WAS BLOCKED WITH COOKED RIBS, HAD NO HAND SOAP OR PAPER TOWELS. THE PIC MUST ENFORCE HANDWASHING WHEN NECESSARY DURING FOOD PREPARATION AND COOKING.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1	3717-1-02.4(A)(1)	C	Assignment of responsibility. THERE WAS NO PERSON IN CHARGE AT TIME OF INSPECTION. NO ONE WAS ABLE TO ANSWER QUESTIONS PERTAINING TO THE FACILITY. KENNY CHOU WAS CALLED AND ARRIVED AT END OF INSPECTION. THERE MUST BE AT LEAST ONE PERSON IN CHARGE IN THE FACILITY AT ALL TIMES WHILE OPEN AND SERVING THE PUBLIC.	<input type="checkbox"/>	<input type="checkbox"/>
8	3717-1-02.2(C)	C	Hands and Arms- when to wash OBSERVED COOKED RIBS IN KITCHEN HANDSINK (BLOCKED); NO HANDSOAP OR PAPER TOWELS AVAILABLE. HANDSINKS MUST BE STOCKED WITH HANDSOAP, PAPER TOWELS AT ALL TIMES TO FACILITATE HANDWASHING DURING FOOD PREP/ COOKING/ CHANGING TASKS/ OR WHENEVER NECESSARY.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	3717-1-05.1(O)	C	Using a Handwashing Sink - operation and maintenance. KITCHEN HANDSINK WAS BLOCKED - OBSERVED COOKED RIBS INSIDE HANDSINK. HANDSINKS MUST NOT HAVE ANYTHING STORED INSIDE THEM TO REMAIN UNBLOCKED - EASILY	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge KENNY CHOU	Date 11/07/2025
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504	Licensor: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
As per HEA 5302B The Baldwin Group, Inc. (11/19)
As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS			Type of Inspection flwup	Date 11/07/2025	
Observations and Corrective Actions (continued)					
Mark "X" in appropriate box for COS and R. COS = corrected on-site during inspection R = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
			ACCESSIBLE FOR HANDWASHING.		
10	3717-1-06.2(B)	NC	Handwashing Cleanser - availability. OBSERVED NO HANDSOAP AT KITCHEN HANDSINK. HANDSOAP WAS PROVIDED DURING INSPECTION. KEEP HANDSOAP AVAILABLE AT ALL TIMES FOR PROPER CLEANSING OF HANDS.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	3717-1-06.2(C)	NC	Handwashing Sinks - hand drying provision. OBSERVED NO PAPER TOWELS AT KITCHEN HANDSINK. PAPER TOWELS WERE SUPPLIED AT TIME OF INSPECTION. ALWAYS KEEP PAPER TOWELS AVAILABLE AT HANDSINK FOR PROPER DRYING OF HANDS.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15	3717-1-03.2(J)	C	Food contact with Equipment, Utensils, and Linens. OBSERVED COOKED RIBS IN HANDSINK. RIBS WERE TAKEN OUT BY COOK AND SLICED. FOOD IS TO BE IN CONTACT WITH CLEAN AND SANITIZED FOOD CONTACT SURFACES. A HANDSINK IS ONLY TO BE USED FOR HANDWASHING, AND IT IS NOT A SANITIZED SURFACE.	<input type="checkbox"/>	<input type="checkbox"/>
15	3717-1-03.2(C)	C	Packaged and unpackaged food - separation, packaging, and segregation. OBSERVED CONTAINER OF RAW CHICKEN ON SHELF IN WALK-IN COOLER ABOVE CONTAINER OF TOMATOES. ALL READY TO EAT FOODS MUST BE STORED ABOVE RAW MEATS/ CHICKEN TO AVOID CONTAMINATION.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	3717-1-04.5(A)(1)	C	Equipment Food Contact Surfaces and Utensils: Clean to Sight and Touch OBSERVED MOLD PRESENT IN ICE MACHINE. DRAIN ICE MACHINE AND CLEAN.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28	3717-1-07.1(A)	C	Storage: separation. OBSERVED CAN OF WD40 ON TOP SHELF ABOVE FOOD/ FOOD EQUIPMENT. MOVE CHEMICALS BELOW OR IN SEPARATE AREA AWAY FROM FOOD/ CLEAN EQUIPMENT TO AVOID CONTAMINATION.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42	3717-1-03.4(C)	NC	Thawing - temperature and time control. OBSERVED TWO BOXES OF FROZEN CHICKEN THAWING ON FLOOR UNDER SHELVEING. THAWING MUST BE DONE UNDER COOL RUNNING WATER, UNDER REFRIGERATION, OR PART OF THE COOKING PROCESS.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(T)	NC	Food preparation - preventing contamination from the premises OBSERVED PURSE, JACKET, OTHER PERSONAL ITEMS STORED ON TOP OF FOODS ON SHELF. KEEP PERSONAL ITEMS SEGREGATED FROM FOOD/ CLEAN EQUIPMENT.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(Q)	NC	Food storage - Preventing Contamination from the Premises OBSERVED BOXES OF FOOD ON FLOOR IN WALK-IN COOLER, AND BOXES OF THAWING CHICKEN ON FLOOR UNDER SHELF. PLACE ALL FOODS OFF FLOOR AT LEAST SIX INCHES TO PREVENT CONTAMINATION.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
46	3717-1-03.2(Y)	NC	Miscellaneous sources of contamination. OBSERVED CONTAINERS OF FOODS WITHOUT ANY COVERING INSIDE WALK-IN COOLER. COVER TO PREVENT CONTAMINATION.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	3717-1-03.2(K)	NC	In-use utensils - between-use storage. OBSERVED UTENSILS BEING STORED IN ROOM TEMPERATURE WATER BY THE KITCHEN HANDSINK. KEEP IN WATER 135F OR ABOVE, OR IN HOT HELD FOOD 135F OR ABOVE TO DETER BACTERIAL GROWTH AND PREVENT CROSS CONTAMINATION FROM OCCURRING.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04(A)	C	Multiuse utensils and food contact surfaces - material characteristics OBSERVED COOKED CHICKEN INSIDE CARDBOARD BOX. DO NOT KEEP FOOD IN CONTAINERS THAT ARE NOT EASILY CLEANABLE - UNABLE TO BE PROPERLY SANITIZED - POROUS , NON-DURABLE MATERIAL. USE FOOD GRADE PLASTIC OR METAL.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. COOKING EQUIPMENT WAS GREASY. CLEAN AND MAINTAIN BY CLEANING REGULARLY TO PREVENT BUILD UP OF GREASE.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. FLOORS ARE SOILED WITH FOOD DEBRIS THROUGHOUT KITCHEN - UNDER PREP TABLES AND	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Person in Charge KENNY CHOU				Date 11/07/2025	
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504				Licensor: Geauga Public Health	

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
As per HEA 5351 The Baldwin Group, Inc. (11/19)
As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS			Type of Inspection flwup		Date 11/07/2025	
Observations and Corrective Actions (continued)						
Mark "X" in appropriate box for COS and R. COS = corrected on-site during inspection. R = repeat violation.						
Item No.	Code Section	Priority Level	Comment	COS	R	
			COOKING EQUIPMENT, WALLS ARE SOILED WITH FOOD DEBRIS THROUGHOUT KITCHEN. CLEAN AND MAINTAIN BY CLEANING REGULARLY.	X		

Person in Charge KENNY CHOU		Date 11/07/2025	
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504		Licensors: Geauga Public Health	

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
 As per HEA 5351 The Baldwin Group, Inc. (11/19)
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State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility HUNAN BY THE FALLS	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 75	Date 11/25/2025
Address 508 E WASHINGTON ST	City/State/Zip Code CHAGRIN FALLS OH 44022		
License holder AILEEN CHAN	Inspection Time 120	Travel Time 60	Category/Descriptive COMMERCIAL RISK 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) //	Water sample date/result (if required) //

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS	
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable	
Compliance Status	Compliance Status
Supervision	
1	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager
Employee Health	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events
Good Hygienic Practices	
6	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth
Preventing Contamination by Hands	
8	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible
Approved Source	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Food received at proper temperature
13	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food in good condition, safe, and unadulterated
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: shellstock tags, parasite destruction
Protection from Contamination	
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected
16	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned and sanitized
17	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food
Time/Temperature Controlled for Safety Food (TCS food)	
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Proper cooking time and temperatures
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Proper reheating procedures for hot holding
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures
21	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures
22	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures
Time/Temperature Controlled for Safety Food (TCS food)	
23	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition
24	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records
Consumer Advisory	
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods
Highly Susceptible Populations	
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered
Chemical	
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food additives: approved and properly used
28	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used
Conformance with Approved Procedures	
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Bulk Water Machine Criteria
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Acidified White Rice Preparation Criteria
35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Critical Control Point Inspection
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Process Review
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance
<p>Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS	Type of Inspection sta ccp	Date 11/25/2025
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GOOD RETAIL PRACTICES		
Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods. Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable		
Safe Food and Water		
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Water and ice from approved source
Food Temperature Control		
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Thermometers provided and accurate
Food Identification		
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container
Prevention of Food Contamination		
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Personal cleanliness
48	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables
Proper Use of Utensils		
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled
52	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use
Utensils, Equipment and Vending		
54	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained, used; test strips
56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Nonfood-contact surfaces clean
Physical Facilities		
57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot and cold water available; adequate pressure
58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plumbing installed; proper backflow devices
59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed
60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned
61	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained
62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used
64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Existing Equipment and Facilities
Administrative		
65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	901-3-4 OAC
66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC

Observations and Corrective Actions

Mark 'X' in appropriate box for COS and R: COS = corrected on-site during inspection R = repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		DISCUSSED HAVING AN ADDITIONAL KITCHEN EMPLOYEE WITH PERSON IN CHARGE TRAINING SINCE THERE WAS NO IDENTIFIED PIC DURING THE PAST SEVERAL INSPECTIONS. DISCUSSED HAND WASHING AND ITS IMPORTANCE. NO STAFF WASHED THEIR HANDS DURING OUR INSPECTION TODAY. AS PER THE GEAUGA BOH, AN UNANNOUNCED INSPECTION WILL OCCUR SOMETIME BEFORE 12/15/25 TO DETERMINE IF CORRECTIVE MEASURES HAVE BEEN TAKEN BY PIC. LICENSE MAY BE SUSPENDED IF CRITICAL VIOLATIONS REMAIN.	<input type="checkbox"/>	<input type="checkbox"/>
1	3717-1-02.4(B)(1)	C	Demonstration of Knowledge SEE CRITICAL VIOLATIONS NOTED IN REPORT.	<input type="checkbox"/>	<input type="checkbox"/>
6	3717-1-02.3(A)	NC	Food contamination prevention - eating, drinking, or using tobacco.OBSERVED MUTIPLE KITCHEN EMPLOYEES EATING AND DRINKING IN THE KITCHEN. I DISCUSSED THE CODE WITH THE MANAGER AND THE EMPLOYEES CONTINUED TO STAY IN THE KITCHEN AND EAT. EVENTUALLY IT WAS UNDERSTOOD THAT THEY CANNOT EAT IN THE KITCHEN NEAR FOOD HANDLING. 3717-1-02.3.A: Food contamination prevention - eating, drinking, or using tobacco products. 3717-1-02.3.A.1: Except as specified in paragraph (A)(2) of this rule, an employee will eat, drink, or use tobacco products only in designated areas where the contamination of exposed food; clean equipment, utensils, or linens; unwrapped single-service or single-use articles; or other items needing protection cannot result. 3717-1-02.3.A.2: A food employee may drink from a closed beverage container if the container is handled to prevent contamination of: 3717-1-02.3.A.2.a: The employee's hands; 3717-1-02.3.A.2.b: The container; and 3717-1-02.3.A.2.c: Exposed food; clean equipment, utensils, or linens; or unwrapped single-service or single-use articles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	3717-1-02.2(C)	C	Hands and Arms- when to wash OBSERVED NO EMPLOYEE HAND WASHING DURING THE ENTIRE INSPECTION	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge AILEEN CHAN	Date 11/25/2025
Environmental Health Specialist STROMP, PAUL RS/SIT# 3419	Licenser: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
 As per AEA 5302B The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio
Continuation Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS			Type of Inspection sta ccp	Date 11/25/2025	
Observations and Corrective Actions (continued)					
Mark 'X' in appropriate box for COS and R. COS = corrected on-site during inspection R = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
			<p>3717-1-02.2.C: Hands and arms - when to wash. Food employees are to clean their hands and exposed portions of their arms as specified under paragraph (B) of this rule immediately before engaging in food preparation including working with exposed food; clean equipment and utensils; and unwrapped single-service and single-use articles and:</p> <p>3717-1-02.2.C.1: After touching bare human body parts other than clean hands and clean, exposed portions of arms;</p> <p>3717-1-02.2.C.2: After using the toilet room;</p> <p>3717-1-02.2.C.4: After coughing, sneezing, using a handkerchief or disposable tissue, using tobacco products, eating, or drinking except as specified in paragraph (A) of rule 3717-1-02.3 of the Administrative Code for a food employee drinking from a closed beverage container;</p> <p>3717-1-02.2.C.5: After handling soiled equipment or utensils;</p> <p>3717-1-02.2.C.6: During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks;</p> <p>3717-1-02.2.C.7: When switching between working with raw food and working with ready-to-eat food;</p> <p>3717-1-02.2.C.8: Before donning gloves to initiate a task that involves working with food; and</p> <p>3717-1-02.2.C.9: After engaging in any other activities that contaminate the hands.</p>		
16	3717-1-04.5(A)(1)	C	<p>Equipment Food Contact Surfaces and Utensils: Clean to Sight and Touch OBSERVED MULTIPLE FOOD CONTACT SURFACES (MEAT SLICER BLADES, TO-GO CONTAINERS, DIRTY KNIVES HANGING IN A CLEAN KNIFE BOX, ETC.) THAT CONTAINED OLD FOOD DEBRIS.</p> <p>3717-1-04.5.A.1: Equipment food-contact surfaces and utensils are to be clean to sight and touch.</p>	<input type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(B)(3)	C	<p>Equipment food contact surfaces and utensils - cleaning frequency - throughout the day OBSERVED FOOD SOILED IN USE UTENSILS. THE EMPLOYEES SAID THAT THEY CLEAN THEM EVERY DAY. IN -USE UTENSILS THAT CONTACT FOOD AND SIT AT ROOM TEMPERATURE SHALL BE CLEANED AND SANITIZED AT LEAST EVERY FOUR HOURS.</p> <p>3717-1-04.5.B.3: Except as specified in paragraph (B)(4) of this rule, if used with time/temperature controlled for safety food, equipment food-contact surfaces and utensils are to be cleaned throughout the day at least every four hours.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	3717-1-03.6	C	<p>Food : Discarding/ Unsafe, Adulterated, or Contaminated Food/Embargo DENTED CAN OF FOOD ON DRY STORAGE SHELF. DENTED CANS CAN ALLOW FOR BACTERIA TO ENTER THE FOOD. CAN WAS DISCARDED BY PIC</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	3717-1-03.4(F)(1)(a)	C	<p>Time/temperature controlled for safety food - hot holding. COOKED RICE NOODLES LEFT IN BAGS ON COUNTER WITHOUT TEMPERATURE CONTROL. TCS FOODS MUST BE HELD HOT AT 135F OR HOTTER.</p>	<input type="checkbox"/>	<input type="checkbox"/>
22	3717-1-03.4(F)(1)(b)	C	<p>OBSERVED GARLIC IN OIL BEING HELD AT ROOM TEMPERATURE. RAW GARLIC CAN POTENTIALLY CONTAIN THE ORGANISM THAT PRODUCES BOTULISM. ONCE COATED WITH OIL AND HELD AT ROOM TEMPERATURE, THE ORGANISM CAN PRODUCE A TOXIN THAT CAN CAUSE ILLNESS AND DEATH.</p> <p>KEEP GARLIC IN OIL REFRIGERATED AND DISCARD IN 7 DAYS OR USE POWDERED GARLIC</p> <p>Rule 3717-1-01 State of Ohio Uniform Food Safety Code and definitions. Ohio Administrative Code/3717/Chapter 3717-1 State of Ohio Uniform Food Safety Code</p> <p>Time/temperature controlled for safety food - cold holding. (125) "Time/temperature controlled for safety food" or "TCS food" means a food that needs time/temperature control for safety to limit pathogenic microorganism growth or toxin formation.</p> <p>(a) TCS food includes:</p> <p>(i) An animal food that is raw or heat-treated; a plant food that is heat-treated or consists of raw seed sprouts, cut melons, cut leafy greens, cut tomatoes or mixtures of cut tomatoes that are not modified in a way so that they are unable to support pathogenic microorganism growth or toxin formation, or garlic-in-oil mixtures that are not modified in a way so that they are unable to support pathogenic microorganism growth or toxin formation; and</p>	<input type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(G)	C	<p>Ready-to-eat, time/temperature controlled for safety food - date marking.OBSERVED NO DATE MARKS ON PREPARED FOODS THAT WERE SAID TO BE AT LEAST 2 DAYS OLD (egg rolls, tofu, etc).</p> <p>3717-1-03.4.G: Ready-to-eat, time/temperature controlled for safety food - date marking.</p> <p>3717-1-03.4.G.1: Except when packaging food using a reduced oxygen packaging method as specified under paragraph (K) of this rule, and except as specified in paragraphs (G)(5) and (G)(6) of this rule, refrigerated, ready-to-eat, time/temperature controlled for safety food prepared and held in a food service operation or in a retail food establishment for more than twenty-four hours is to be clearly marked to indicate the date or day by which the food is to be consumed on the premises, sold, or discarded when held at a temperature of forty-one degrees Fahrenheit (five degrees Celsius) or less for a maximum of seven days. The day of preparation is counted as day one.</p> <p>3717-1-03.4.G.2: Except as specified in paragraphs (G)(5) to (G)(7) of this rule; refrigerated, ready-to-eat time/temperature controlled for safety food prepared and packaged by a food processing plant is to be</p>	<input type="checkbox"/>	<input type="checkbox"/>
Person in Charge AILEEN CHAN				Date 11/25/2025	
Environmental Health Specialist STROMP, PAUL RS/SIT# 3419			Licensor: Geauga Public Health		

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
 As per HIA 5351 The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS			Type of Inspection sta ccp	Date 11/25/2025	
Observations and Corrective Actions (continued)					
Mark 'X' in appropriate box for COS and R. COS = corrected on-site during inspection R = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
			clearly marked, at the time the original container is opened in a food service operation or retail food establishment and if the food is held for more than twenty-four hours, to indicate the date or day by which the food is to be consumed on the premises, sold, or discarded, based on the temperature and time combination specified in paragraph (G)(1) of this rule and:		
24	3717-1-03.4(I)(2)	C	Time as a public health control - four hour time limit FRIED NOODLES ARE BEING HELD WITHOUT TEMPERATURE CONTROL AS THE PIC STATED PLACING THEM IN THE COOLER WOULD MAKE THEM SOGGY. THE NOODLES HAVE TO BE CONSIDERED TCS UNLESS LABORATORY TESTED. USE TIME AS A PUBLIC HEALTH CONTROL AND HOLD THE NOODLES FOR NO MORE THAN 4 HOURS. DISCARD AFTER 4 HOURS. A WRITTEN PROCEDURE IS NEEDED TO DO THIS PROCESS.	<input type="checkbox"/>	<input type="checkbox"/>
28	3717-1-07(B)	C	Working containers - common name. A ROUND UP SPRAYER WITH PINK LIQUID PRESENT NEXT TO THE DUMPSTER AREA. PIC IDENTIFIED THE CHEMICAL AS DEGREASER FOR THE FLOOR. PROPERLY LABEL THE SPRAYER TO PREVENT MISUSE	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0002		TCS Food: Observed improper use of time as a public health control for up to four hours.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0012		TCS Food: Refrigerated, ready-to-eat, TCS foods held refrigerated for more than 24 hours were not properly date marked.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0015		TCS Food: TCS foods were not being held at the proper temperature.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0002		Protection from Contamination: Equipment food-contact surfaces or utensils are dirty.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0008		Protection from Contamination: Foods are protected from physical and environmental contamination during storage, preparation, holding and display.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-X.2		Chemical: Observed toxic materials improperly identified, stored and used.	<input type="checkbox"/>	<input type="checkbox"/>
45	3717-1-06.1(M)	NC	Outer openings - protected. THERE IS A HOLE IN THE EXTERIOR WALL ABOVE THE MIXER. THERE IS ALSO A VENT NEXT TO THE HOOD SYSTEM THAT DOES NOT HAVE A SCREEN. SEAL AND/OR SCREEN THESE AREAS TO PREVENT THE ENTRANCE OF PESTS.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(Q)	NC	Food storage - Preventing Contamination from the Premises SINGLE USE CUP STORED IN BUCKET OF SWEET AND SOUR SAUCE TO USE AS A SCOOP. THIS WILL CAUSE CONTAMINATION OF THE PRODUCT. DO NOT STORE THE SCOOP IN THE SAUCE.	<input type="checkbox"/>	<input type="checkbox"/>
48	3717-1-03.2(M)	NC	Wiping cloths - use limitation. WET WIPING CLOTHS WERE PRESENT ON THE CUTTING BOARDS/COUNTERS. STORE WET WIPING CLOTHS IN SANITIZER SOLUTION BETWEEN USES.	<input type="checkbox"/>	<input type="checkbox"/>
52	3717-1-04.4(S)	NC	Single-service and single-use articles - limitations OYSTER SAUCE CANS AND OTHER SINGLE USE CONTAINERS ARE BEING RE-USED TO HOLD COOKING OIL, CORN STARCH AND WATER AND OTHER FOOD ITEMS. ONCE A PRODUCT IS REMOVED FROM A SINGLE USE CONTAINER, THE CONTAINER MUST BE DISCARDED AND NOT RE-USED.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.1(H)	NC	Nonfood-contact surfaces - cleanability OBSERVED ELECTRICAL TAPE COVERING THE EDGE OF THE WALK IN COOLER DOOR. ALL SURFACES MUST BE SMOOTH, EASILY CLEANABLE AND NON-POROUS TO PREVENT BUILD UP OF ORGANISMS. 3717-1-04.1.H: Nonfood-contact surfaces - cleanability. Nonfood-contact surfaces are to be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)(2)	NC	OBSERVED THE WALK IN COOLER GASKET NOT FUNCTIONING PROPERLY Equipment - Good Repair and Proper Adjustment - Intact, Tight, Adjusted per Manufacturer OBSERVED CHIPPED AND BROKEN UTENSILS INCLUDING KNIVES AND METAL COLANDERS. FOOD CONTACT EQUIPMENT MUST BE INTACT AND IN GOOD REPAIR SO THAT PHYSICAL CONTAMINATIONS DO NOT OCCUR. 3717-1-04.4.A.2: Equipment components such as doors, seals, hinges, fasteners, and kick plates are to be kept intact, tight, and adjusted in accordance with manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(B)	NC	Cutting surfaces. OBSERVED A BROKE AND CRACKED WOOD CUTTING BOARD. THESE SURFACES CAN RESULT IN IMPROPER CLEANING AND THE BUILD UP OF BACTERIA 3717-1-04.4.B: Cutting surfaces. Surfaces such as cutting blocks and boards that are subject to scratching and scoring are to be resurfaced if they can no longer be effectively cleaned and sanitized, or discarded if they are not capable of being resurfaced.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04(A)	C	Multiuse utensils and food contact surfaces - material characteristics RICE NOODLES BEING COOKED IN BAG THAT BORE A LABEL WHICH STATED THAT PRODUCT MUST BE REMOVED FROM PACKAGING PRIOR TO BEING COOKED. DISCUSSED WITH PIC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Person in Charge AILEEN CHAN				Date 11/25/2025	
Environmental Health Specialist STROMP, PAUL RS/SIT# 3419				Licensor: Geauga Public Health	

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
As per HIA 5351 The Baldwin Group, Inc. (11/19)
As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS			Type of Inspection sta ccp	Date 11/25/2025	
Observations and Corrective Actions (continued)					
Mark "X" in appropriate box for COS and R. COS = corrected on-site during inspection R = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
			FUTURE NOODLES WILL BE REMOVED FROM THE BAG PRIOR TO COOKING.		
54	3717-1-04.1(C)	C	Food-contact surfaces - cleanability SEVERAL PLASTIC AND METAL CONTAINERS WERE BROKEN. DISCARD ITEMS AS THEY ARE NO LONGER CLEANABLE.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. OBSERVED MULTIPLE AREAS IN THE KITCHEN THAT WERE DIRTY WITH OLD FOOD DEBRIS AND GREASE. RICE CONTAINER HANDLES CONTAINS OLD FOOD DEBRIS. ALL SURFACES IN THE KITCHEN SHALL BE CLEAN TO SIGHT AND TOUCH. 3717-1-04.5.D: Nonfood-contact surfaces cleaning frequency. Nonfood-contact surfaces of equipment are to be cleaned at a frequency necessary to preclude accumulation of soil residues.	<input type="checkbox"/>	<input type="checkbox"/>
61	3717-1-05.4(I)	NC	Cleaning implements and supplies.	<input type="checkbox"/>	<input type="checkbox"/>
61	3717-1-05.4(N)	NC	Covering receptacle THE DUMPSTER LIDS ARE BROKEN OR/NON-EXISTENT. CONTACT THE COMPANY TO REPLACE THE DUMPSTER. ADDITIONALLY, THE SIDE DOORS ARE BEING LEFT OPEN. KEEP THE LIDS AND DOORS CLOSED TO PREVENT ACCESS BY PESTS.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions.OBSERVED A BUILD UP OF GREASE ON THE HOOD FILTERS, ABOVE THE COOK LINE, THAT WAS DRIPPING . FOOD AND DEBRIS PRESENT ON THE FLOOR AND FLOOR /WALL JUNCTIONS. SURFACES SHOULD BE CLEANED AS NEEDED TO PREVENT CONTAMINATION. 3717-1-06.4.B: Cleaning - frequency and restrictions. 3717-1-06.4.B.1: The physical facilities are to be cleaned as often as necessary to keep them clean.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge AILEEN CHAN	Date 11/25/2025
Environmental Health Specialist STROMP, PAUL RS/SIT# 3419	Licensors: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
As per HEA 5351 The Baldwin Group, Inc. (11/19)
As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility HUNAN BY THE FALLS	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 75	Date 12/11/2025
Address 508 E WASHINGTON ST		City/State/Zip Code CHAGRIN FALLS OH 44022	
License holder AILEEN CHAN	Inspection Time 80	Travel Time 5	Category/Descriptive COMMERCIAL RISK 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input checked="" type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation			Follow-up date (if required) //
			Water sample date/result (if required) //

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable		
Compliance Status	Compliance Status	
Supervision	Time/Temperature Controlled for Safety Food (TCS food)	
1 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties	23 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper date marking and disposition <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager	24 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Time as a public health control: procedures & records <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Employee Health	Consumer Advisory	
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT Consumer advisory provided for raw or undercooked foods <input type="checkbox"/> N/A	
4 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion	Highly Susceptible Populations	
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT Pasteurized foods used; prohibited foods not offered <input type="checkbox"/> N/A	
Good Hygienic Practices	Chemical	
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food additives: approved and properly used <input type="checkbox"/> N/A	
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	28 <input type="checkbox"/> IN <input type="checkbox"/> OUT Toxic substances properly identified, stored, used <input type="checkbox"/> N/A	
Preventing Contamination by Hands	Conformance with Approved Procedures	
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan <input type="checkbox"/> N/A	
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT No bare hand contact with ready-to-eat foods or approved alternate method properly followed <input type="checkbox"/> N/A <input type="checkbox"/> N/O	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Fresh Juice Production <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Heat Treatment Dispensing Freezers <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Approved Source	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Custom Processing <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Bulk Water Machine Criteria <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food received at proper temperature <input type="checkbox"/> N/A <input type="checkbox"/> N/O	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Acidified White Rice Preparation Criteria <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
13 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT Critical Control Point Inspection <input type="checkbox"/> N/A	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT Required records available: shellstock tags, parasite destruction <input type="checkbox"/> N/A <input type="checkbox"/> N/O	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT Process Review <input checked="" type="checkbox"/> N/A	
Protection from Contamination	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT Variance <input type="checkbox"/> N/A	
15 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food separated and protected <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<p>Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	
16 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food-contact surfaces: cleaned and sanitized <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
17 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food		
Time/Temperature Controlled for Safety Food (TCS food)		
18 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper cooking time and temperatures <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper reheating procedures for hot holding <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper cooling time and temperatures <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
21 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Proper hot holding temperatures <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures		

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS	Type of Inspection flwup	Date 12/11/2025
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GOOD RETAIL PRACTICES		
Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods. Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable		
Safe Food and Water		Utensils, Equipment and Vending
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		Physical Facilities
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	57 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	59 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
Food Identification		Administrative
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	60 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
Prevention of Food Contamination		61 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	62 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	63 <input type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
Proper Use of Utensils		
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	

Observations and Corrective Actions

Mark "X" in appropriate box for COS and R. COS = corrected on-site during inspection R = repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		<p>FOLLOW UP INSPECTION OBSERVATIONS - WITH DAN LARK, CADY STROMP, PAUL STROMP, MIA KRUGGEL, AILEEN CHAN, KENY CHOU.</p> <p>OBSERVED SIGNIFICANT CLEANING THROUGHOUT KITCHEN, FOOD CONTACT SURFACES AND NON-FOOD CONTACT SURFACES. FLOORS, HOOD SYSTEM PANELS/ FILTERS, UTENSILS, COOKING AND KITCHEN EQUIPMENT. BLADES OF SLICER HAD BEEN CLEANED; REMINDER TO CLEAN AND SANITIZE FOOD CONTACT UTENSILS/ EQUIPMENT AT LEAST EVERY FOUR (4) HOURS TO DETER BACTERIAL GROWTH.</p> <p>EXTERIOR OF FOOD SCALE OBSERVED WITH EXCESSIVE DEBRIS (NON-FOOD CONTACT; EMPLOYEES PLACE A PLACE ON SCALE - NOT THE FOOD DIRECTLY ON SCALE). CLEAN THOROUGHLY TO SIGHT AND TOUCH.</p> <p>GARLIC AND OIL MIXTURE OBSERVED INSIDE WALK-IN COOLER; NOT KEPT AT ROOM TEMPERATURE.</p> <p>FRIED EGG NOODLES MARKED FOR TIME IN LIEU OF TEMPERATURE. RAW BEAN SPROUTS AND "FIRST FRY" OF CHICKEN WERE KEPT OUT AT ROOM TEMPERATURE. ALL LISTED ITEMS ARE TO BE UNDER TIME-IN-LIEU OF TEMPERATURE PROCEDURE (TCS FOODS KEPT OUT OF TEMPERATURE CONTROL FOR FOUR (4) HOURS MAXIMUM AND THEN DISCARDED. A WRITTEN PROCEDURE IS REQUIRED. **OWNER AND PIC EXPLAINED THE COOKING PROCESS OF THE CHICKEN - COOKED FIRST TIME AND THEN WILL BE KEPT IN COOLER - COOKED A SECOND TIME WHEN AN ORDER IS RECEIVED - AND THEN A THIRD TIME WITH THAT SAME ORDER IN A WOK WITH SPECIFIC INGREDIENTS FOR DISH. DISCUSSED TAKING AN INTERNAL TEMP OF THE CHICKEN AFTER THE FIRST COOKING TO ENSURE AT LEAST 165F. **RAW BEAN SPROUTS OBSERVED ON COUNTER WILL BELOW 41F INTERNALLY - NO TEMPERATURE VIOLATION - HOWEVER MUST BE EITHER KEPT 41F OR BELOW IN COOLER OR USE TIME-IN-LIEU OF TEMPERATURE PROCEDURE.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge AILEEN CHAN & KENNY CHOU	Date 12/11/2025
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504	Licensors: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
 As per HEA 5302B The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio
Continuation Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS			Type of Inspection fwup	Date 12/11/2025	
Observations and Corrective Actions (continued)					
(Mark "X" in appropriate box for COS and R. COS = corrected on-site during inspection. R = repeat violation)					
Item No.	Code Section	Priority Level	Comment	COS	R
			<p>HOLE IN WALL ABOVE MIXER WAS REPAIRED. A SCREEN WAS PLACED IN THE VENT NEAR THE HOOD SYSTEM.</p> <p>NO DENTED CANS WERE OBSERVED.</p> <p>PROPER DATEMARKING WAS OBSERVED IN WALK-IN COOLER. RAW MEATS WERE STORED PROPERLY IN WALK-IN COOLER. FOODS WERE COVERED AND NO FOODS WERE STORED ON FLOOR IN WALK-IN COOLER.</p> <p>OBSERVED OYSTER SAUCE CAN BEING USED TO STORE COOKING OIL FOR USE ON COOKING EQUIPMENT. OWNER REPLACED CAN WITH A PROPER EASILY CLEANABLE CONTAINER FOR OIL AT TIME OF INSPECTION. DO NOT REUSE SINGLE-USE ARTICLES - THEY ARE MADE FOR SINGLE-USE ONLY AND ARE NOT MADE EASILY CLEANABLE - DURABLE.</p> <p>DUMPSTER LIDS HAD BEEN REPLACED.</p> <p>DID NOT OBSERVE ANY BROKEN UTENSILS, COLANDERS, KNIVES, ETC,</p> <p>KITCHEN HANDSINK WAS NOT BLOCKED WITH ANY FOOD/ UTENSILS/ ETC AND WAS PROPERLY SUPPLIED WITH HANDSOAP AND PAPER TOWELS.</p> <p>DID NOT OBSERVE ANY EMPLOYEE EATING IN THE KITCHEN DURING ENTIRETY OF INSPECTION.</p> <p>PIC EXPLAINED THAT THE NOODLES THAT ARE IN COMMERCIALY SEALED BAG ARE NO LONGER COOKED IN BAG; THEY ARE REMOVED AND HEATED IN MICROWAVE IN A DISH - COOKED TO INDIVIDUAL ORDER ONLY.</p> <p>OBSERVED SANITIZER BUCKET WITH APPROX 400PPM QUAT VERIFIED ON TEST STRIP TO STORE WIPING CLOTHS IN-BETWEEN USES.</p> <p>DID NOT OBSERVE ANY CARDBOARD BOXES USED TO STORE UNPACKAGED FOODS.</p> <p>DISCUSSED KEEPING ONGOING PEST CONTROL MAINTENANCE WITH CERTIFIED PEST CONTROL COMPANY WITH OWNER.</p> <p>DISCUSSED WITH OWNER AND PIC THAT THERE WILL BE INCREASED FREQUENCY OF INSPECTIONS FOR A TIME TO ENSURE FACILITY WILL KEEP CONSISTANT WITH PROPER FOOD SAFETY PRACTICES. THIS REPORT AND DISCUSSION WILL BE PRESENTED AT THE NEXT BOARD MEETING NEXT WEEK FOR THE BOARD OF HEALTH TO DECIDE STATUS OF FACILITY'S FOOD SERVICE LICENSE.</p>		
24	3717-1-03.4(I)(1)	NC	<p>Time as a public health control - Written Procedures</p> <p>PROVIDE WRITTEN PROCEDURE FOR COOKED CHICKEN, FRIED EGG NOODLES AND RAW BEAN SPROUTS. DOCUMENT THE TIME THE TCS FOOD WILL BE BROUGHT OUT AT ROOM TEMPERATURE AND DOCUMENT THE END OF THE FOUR (4) HOUR TIME LIMIT WHEN THE FOOD WILL BE DISCARDED.</p>	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	<p>Nonfood-contact surfaces - cleaning frequency.</p> <p>PLEASE CLEAN THE EXTERIOR OF THE FOOD SCALE THOROUGHLY TO SIGHT AND TOUCH.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Person In Charge AILEEN CHAN & KENNY CHOU	Date 12/11/2025
Environmental Health Specialist KRUGGEL, MIA RS/SIT# 3504	Licensors: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
 As per MEA 5351 The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility HUNAN BY THE FALLS	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 75	Date 02/26/2026
Address 508 E WASHINGTON ST	City/State/Zip Code CHAGRIN FALLS OH 44022		
License holder AILEEN CHAN	Inspection Time 60	Travel Time 30	Category/Descriptive COMMERCIAL RISK 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) //	Water sample date/result (if required) //

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																																																																																							
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable																																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: center;">Compliance Status</th> </tr> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: center;">Supervision</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">1</td> <td><input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties</td> </tr> <tr> <td>2</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager</td> </tr> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: center;">Employee Health</th> </tr> <tr> <td>3</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities 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Public health interventions are control measures to prevent foodborne illness or injury. </p>	Compliance Status		Time/Temperature Controlled for Safety Food (TCS food)		23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	24	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records	Consumer Advisory		25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods	Highly Susceptible Populations		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered	Chemical		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Food additives: approved and properly used	28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used	Conformance with Approved Procedures		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production	31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers	32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Bulk Water Machine Criteria	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Acidified White Rice Preparation Criteria	35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Critical Control Point Inspection	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Process Review	37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance
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State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS	Type of Inspection sta	Date 02/26/2026
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GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable

Safe Food and Water		Utensils, Equipment and Vending	
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and Ice from approved source	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Temperature Control		Physical Facilities	
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Approved thawing methods used	58 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
43	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	<input type="checkbox"/> N/A <input type="checkbox"/> N/O
Food Identification		Administrative	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	59 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	61 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	62 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	<input type="checkbox"/> N/A <input type="checkbox"/> N/O
48	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables	64 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils		Administrative	
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	901:3-4 OAC
52	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use	3701-21 OAC

Observations and Corrective Actions

Mark 'X' in appropriate box for COS and R. **COS** = corrected on-site during inspection **R** = repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs			<input type="checkbox"/>	<input type="checkbox"/>
1	3717-1-02.4(B)(1)	C	THIS INSPECTION WAS AT THE REQUEST OF THE GPH BOARD OF HEALTH DUE TO PREVIOUS VIOLATIONS AND FAILURE TO MAINTAIN THE FACILITY. DUE TO THE VIOLATIONS FOUND DURING THIS INSPECTION, THE BOARD OF HEALTH WILL BE NOTIFIED OF THE FINDINGS AND LEGAL ACTION MAY TAKE PLACE.	<input type="checkbox"/>	<input type="checkbox"/>
1	3717-1-02.4(C)(17)	C	Demonstration of Knowledge FACILITY HAD MANY CRITICAL VIOLATIONS DURING THIS INSPECTION. PIC SHOULD BE AWARE OF THESE ITEMS TO PREVENT THEM FROM HAPPENING.	<input type="checkbox"/>	<input type="checkbox"/>
1	3717-1-02.4(C)(17)	C	Person in Charge - Duties - written procedures and plans TIME AS A PUBLIC HEALTH CONTROL HAD BEEN PREVIOUSLY APPROVED BUT WAS NOT BEING CONDUCTED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>
15	3717-1-03.2(C)	C	Packaged and unpackaged food - separation, packaging, and segregation. ICE IS DRIPPING OFF OF THE CONDENSOR UNIT IN THE WALKIN FREEZER AND DRIPPING ONTO BOXES OF FOOD. REPAIR THE FREEZER AND PROTECT THE FOOD FROM CONTAMINATION.	<input type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(A)(1)	C	Equipment Food Contact Surfaces and Utensils: Clean to Sight and Touch MEAT CUTTER/TENDERIZER ON SHELF IN DISH ROOM HAD DEBRIS ON THE BLADES. CORRECTED BY EMPLOYEE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.4(N)(3)	C	Manual/Mechanical Warewashing Equipment, Chemical Sanitization Criteria- Quaternary Ammonium Compound SANITIZER BUCKET HAD 0 PPM OF QUAT SANITIZER. CORRECTED BY EMPLOYEE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	3717-1-03(3)(l)	C	Reheating for Hot Holding EMPLOYEE WAS REHEATING RIBS IN THE FRYER FOR HOT HOLDING. RIBS WERE TEMPED AT 83F. TCS FOODS MUST BE REHEATED TO 165F BEFORE HOT HOLDING AT 135F. STAFF WERE INSTRUCTED TO DO SO BUT STATED THEY COULD NOT ACHIEVE THAT. THE SOLUTION WAS TO TIME STAMP THE RIBS AND DISCARD THEM AT THE 4 HOUR TIMEFRAME.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge KENNY CHAU	Date 02/26/2026
Environmental Health Specialist STROMP, CADY RS/SIT# 2638	Licenser: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
As per MEA 5302B The Baldwin Group, Inc. (11/19)
As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility HUNAN BY THE FALLS		Type of Inspection sta	Date 02/26/2026		
Observations and Corrective Actions (continued)					
Mark "X" in appropriate box for COS and IR. COS = corrected on-site during inspection. IR = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
			ADDITIONALLY, EGG DROP SOUP WAS REHEATED TO 125F AND PLACED INTO THE HOT HOLDING UNIT. SOUP WAS REHEATED TO 171F AND THEN RETURNED TO THE HOT UNIT. THIS POT WAS ALSO DOUBLE PANNED SO STAFF WERE INSTRUCTED TO ADD WATER TO THE LARGER PAN TO ENSURE ADEQUATE HOT HOLDING.		
24	3717-1-03.4(I)(2)	C	Time as a public health control - four hour time limit FRIED NOODLES THAT HAD BEEN TIME STAMPED THE DAY BEFORE WERE STILL PRESENT IN THE ESTABLISHMENT. ONE TYPE OF NOODLE HAD A NEW UNMARKED CONTAINER BEHIND THE OLDER CONTAINER ON THE BOTTOM PREP SHELF. THESE OLDER NOODLES WERE DISCARDED. THE OTHER NOODLE WHICH WAS TIME STAMPED 2:40 (INSPECTION TIME STARTED AT 2:55 PM) WERE STORED ON THE TOP SHELF ABOVE THE MICROWAVE. STAFF WERE INSTRUCTED TO DISCARD THESE NOODLES BUT THEY WERE STILL PRESENT AT END OF INSPECTION. IF TIME AS A PUBLIC HEALTH CONTROL IS USED, TIME STAMPS MUST BE USED PROPERLY AND FOOD DISCARDED. THIS IS NOT OCCURING. ALL TIME STAMPS MUST HAVE THE DATE AND TIME ON THE LABEL SINCE PRODUCTS ARE NOT BEING DISCARDED AS THEY SHOULD BE.	<input type="checkbox"/>	<input type="checkbox"/>
43	3717-1-04.2(G)	NC	Food temperature measuring devices. A THIN PROBE, END POINT METAL STEM THERMOMETER IS NEEDED. THE ONLY THERMOMETER PRESENT IS A DIAL FACE THERMOMETER WHICH REQUIRES TO BE PLACED INTO FOOD AT LEAST 2 INCHES DEEP. AN END POINT THERMOMETER IS NEEDED TO TAKE TEMPERATURES OF SMALLER FOODS. OBTAIN A DIGITAL THERMOMETER.	<input type="checkbox"/>	<input type="checkbox"/>
48	3717-1-03.2(M)	NC	Wiping cloths - use limitation. WET WIPING CLOTHS WERE PRESENT ON THE COUNTER AND NOT PLACED IN THE SANITIZER BUCKET (WHICH ALSO DID NOT HAVE SANITIZER). CORRECTED BY EMPLOYEE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52	3717-1-04.8(E)(1)	NC	Single-service and single-use articles - storage - Location BOX OF WOODEN SKEWERS STORED ON SHELF IN THE DISH AREA. BOX WAS HEAVILY SOILED. RELOCATED TO DRY STORAGE AREA BY EMPLOYEE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04(A)	C	Multiuse utensils and food contact surfaces - material characteristics SMALL WOODEN BOWLS (USED FOR PORTIONING FOODS BEFORE COOKING) WERE BROKEN AND FRAYED. BOWLS WERE DISCARDED AND REPLACED WITH STAINLESS BOWLS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
59	3717-1-05.3(E)	C	Conveying Sewage THE POP GUN DRAIN LINE IS PLACED INTO A WINE BOTTLE THAT IS STORED IN THE ICE BIN WITH THE ICE. THIS IS A CONTAMINATION RISK TO THE ICE. PROPERLY PLUMB THIS DRAIN LINE TO A SEWER DRAIN WITH AN AIR GAP.	<input type="checkbox"/>	<input type="checkbox"/>
61	3717-1-05.4(Q)	NC	Cleaning receptacles. THERE IS GREASE DRIPPING OFF THE OUTDOOR GREASE RECEPTICLE. GREASE IS ACCUMULATING ON THE GROUND. CLEAN THE CONTAINER AND THE GROUND.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. GENERAL CLEANING IS NEEDED UNDER EQUIPMENT TO REMOVE FOOD AND GREASE DEBRIS, ESPECIALLY UNDER THE RICE COOKER/HAND SINK AREA WHERE THERE IS STANDING WATER AND RICE ACCUMULATION.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge KENNY CHAU	Date 02/26/2026
Environmental Health Specialist STROMP, CADY RS/SIT# 2638	Licensors: Geauga Public Health

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
As per 145A 5351 The Baldwin Group, Inc. (11/19)
As per AGR 1268 The Baldwin Group, Inc. (11/19)

(L1)



GEAUGA PUBLIC HEALTH

12611 Ravenwood Dr., Suite 301, Chardon, OH 44024-1071

November 21, 2025

REGULAR MAIL/HAND DELIVERED

Hunan by the Falls
508 East Washington Street
Chagrin Falls, Ohio 44022

Re: Suspension of food service operation license for failure to correct violations at Hunan by the Falls, 508 East Washington Street, Chagrin Falls

Dear Aileen Chan,

It has come to the attention of the Geauga Board of Health that the above-mentioned food service operation is operating out of compliance with The Ohio Uniform Food Code. The establishment has not been able to comply with the Ohio Administrative Code sections **3717-1-02.2 (C), 3717-1-03.2 (C), 3717-1-03.2 (Q), 3717-1-04 (A), 3717-1-04.5 (A) (1), 3717-1-04.5 (D), 3717-1-06.2 (B), 3717-1-06.2 (C), and 3717-1-07.1 (A)**. This lack of compliance is also in violation of the Ohio Revised Code section **3717.49 "...failure to maintain sanitary conditions within the operation."**

Below is a summary of the issues present at the location:

A Standard Inspection occurred on 1/4/24. The following violations were found: 3717-1-02.2 (C)- employees were not washing their hands, 3717-1-06.2 (B)- no hand soap was present at the hand sink, 3717-1-03.2 (C)- Raw chicken in freezer had cardboard box on top of it, 3717-1-04.5 (A)(1)- soda gun had mold present inside it, 3717-1-3.4 (F)(1)(b)- walk-in cooler was not holding at 41F or less, 3717-3.2 (Q)- food was stored on the floor, 3717-1-03.2 (K)- Ice scoop was stored incorrectly, 3717-1-04.5 (A)(3)- food and dirt debris on and in equipment, and 3717-1-06.4 (B)- food and dirt debris present on floors.

A reinspection occurred on 1/17/24. 3717-04.5 (A)(3)- food and dirt debris were still present on equipment, specifically the walk-in cooler shelving.

A Standard Inspection occurred on 8/15/24. The following violations were found: 3717-1-02.2 (C)- employees were not washing their hands, 3717-1-06.2 (B)- there was no hand soap present at the hand sink, 3717-1-06.2 (C)- there were no paper towels at the hand sink to allow for proper hand drying,

3717-1-04.4 (N)(1)- the dish machine was not dispensing any determined amount of sanitizer, 3717-1-04.2 (I)- test strips were not available, 3717-1-04.5 (A)(3)- food equipment was soiled, and 3717-1-06.4 (B)- food and dirt debris were present on the floor.

A reinspection occurred on 9/3/24. At that inspection, 3717-1-03.4 (C)- improper thawing of fish and pork was noted.

A Standard Inspection occurred on 1/22/25. The following violations were noted: 3717-1-02.2 (C)- employees were not washing their hands, 3717-1-06.2 (B)- no hand soap was present at the hand sink, 3717-1-06.2 (C)- no paper towels were present at the hand sink, 3717-1-03.2 (C)- raw chicken was stored over raw beef, 3717-1-03.2 (Q)- food was stored on the floor, 3717-1-03.2 (K)- ice scoop was stored incorrectly, 3717-1-04.5 (A)(3)- food and dirt debris present on equipment, especially the walk-in cooler, 3717-1-05.1 (S)- hand sink was leaking, and 3717-1-06.4 (B)- food and dirt debris on the floors.

A Standard Inspection occurred on 7/23/25. The following violations were noted: 3717-1-02.2 (C)- employees were not washing their hands, 3717-06.2 (B)- no soap was present at the hand sink, 3717-1-06.2 (C)- no paper towels were present at the hand sink, 3717-1-03.2 (Q)- food stored on the floor, 3717-1-03.2 (K)- ice scoop stored improperly, 3717-1-04 (A)- foods stored in used cardboard boxes, 3717-1-04.5 (D)- food and dirt debris on equipment, specifically the walk-in, the hood, and the cookline equipment, and 3717-1-06.4 (B)- food and dirt debris on the floor throughout.

A reinspection occurred on 8/13/25. The following violations were noted: 3717-1-3.2 (C)- raw meats stored incorrectly, 3717-1-3.2 (Y)- foods stored uncovered, 3717-1-3.2 (Q)- food stored on the floor of the walk-in cooler, 3717-1-04 (A)- foods stored in used cardboard boxes, 3717-1-04.5 (D) food and dirt debris on walk-in and cooking equipment, and 3717-1-06.4 (B)- food and dirt debris on walls.

A reinspection occurred on 9/24/25. The following violations were noted: 3717-1-03.2 (C)- raw meats stored incorrectly, 3717-1-04.5 (A)(1)- mold growth present in ice machine, 3717-1-07.1 (A)- chemicals stored incorrectly, 3717-1-06.1 (K)- pest strips placed incorrectly, 3717-1-03.2 (Q)- food stored on the floor, 3717-1-03.2 (Y)- food stored uncovered, 3717-1-04 (A)- food stored in cardboard boxes, 3717-1-04.5 (D)- cooking equipment was soiled, 3717-1-05.1 (D)- ice machine drain line was not air-gapped, 3717-1-05.4 (P)- chemicals stored in refuse area, 3717-1-06.4 (A)- floor tiles were damaged, and 3717-1-06.4 (B)- dirt and food debris on walls and floors.

An office hearing was held on 10/03/25. At that meeting the inspection history was discussed. Aileen Chan stated that changes had been completed to correct all the violations. A reinspection was to be conducted within two weeks of 11/4/25.

A reinspection occurred on 11/7/25. The following violations were noted: 3717-1-03.2 (J)- cooked meats were sitting directly in the hand sink, 3717-1-02.2 (C)- employees were not washing their hands, 3717-06.2 (B)- no soap was present at the hand sink, 3717-1-06.2 (C)- no paper towels were present at the hand sink, 3717-1-03.2 (C)- raw meats stored incorrectly, 3717-1-03.2 (K)- in use utensils stored incorrectly, 3717-1-03.2 (T)- personal items were stored on food and food contact items, 3717-1-04.5 (A)(1)- mold growth present in ice machine, 3717-1-05.1 (O)(2)- the hand sink was being used as a food preparation sink, 3717-1-07.1 (A)- chemicals stored incorrectly, 3717-1-03.2 (Q)- food stored on the floor, 3717-1-03.2 (Y)- food stored uncovered, 3717-1-04 (A)- food stored in cardboard boxes, 3717-1-04.5 (D)- cooking equipment was soiled, and 3717-1-06.4 (B)- dirt and food debris on walls and floors.

The Geauga Board of Health was notified of the ongoing unsanitary practices occurring in your establishment during the November 19, 2025, Board of Health Meeting. The Geauga Board of Health decided that two inspections will occur between 11/21/25 through 12/15/25. Repeated failure to meet the Ohio Uniform Food Code during these inspections will result in the Board of Health moving forward with suspension or revocation of your food license at the December 17, 2025, Board of Health meeting.

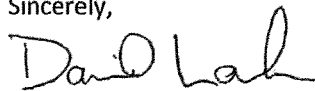
Per the Ohio Administrative Code, Section 3701-21-26 you have fifteen (15) days to appeal the proposed suspension. To appeal the proposed suspension, submit written notice to:

Geauga Public Health
12611 Ravenwood Dr.,
Chardon, OH 44024

If you choose to appeal against the proposed suspension, a hearing date will be scheduled to review the above case.

If you have any questions, please contact me.

Sincerely,



Daniel Lark, R.E.H.S, MPH
Director of Environmental Health

Tiffany Cheung
Received by:
No manager present

11/21/25

(L2)



GEAUGA COUNTY BOARD OF HEALTH

12611 Ravenwood Dr., Suite 301, Chardon, OH 44024-1071

December 5, 2025

Hunan by the Falls
508 East Washington Street
Chagrin Falls, Ohio 44022

To whom it may concern:

The Geauga Public Health is in receipt of your letter, dated December 4, 2025, requesting a hearing to appeal the proposed suspension of your food license. The hearing has been set to occur during the December Geauga Public Health Board of Health regular monthly meeting. The Board of Health meeting will be held on December 17, 2025 at 5 p.m. at 12611 Ravenwood Drive, 1st Floor, Suite B167-168, Chardon, Ohio, 44024.

As per Ohio Administrative Code 3701-21-26 (B) (5), "at the hearing, the license holder shall have the opportunity to present its case orally or in writing and to confront and cross-examine witnesses. The license holder may be represented by counsel and may review the case record before the hearing." Ohio Administrative Code 3701-21-26 (D) (2) states "If the licensor conducts the hearing, the licensor may immediately render a decision denying, suspending, or revoking a license or render a decision removing or continuing a license suspension. If the licensor is a board of health or a city or general health district or the authority having the duties of the board of health under section 3709.05 of the Revised Code, the determination or order may be considered and made at a meeting without publication or advertisement, and may become effective without such publication or advertisement, recording, or certifying."

As stated in the suspension letter dated November 21, 2025, two inspections of Hunan by the Falls will occur between 11/21/25 and 12/15/25. One inspection occurred on 11/25/25. Another inspection will occur between today and 12/15/25. If violations are corrected by that inspection, the proposed suspension may be cancelled.

Please contact our offices should you have any questions regarding this letter.

Sincerely,

Daniel Lark, REHS
Environmental Health Director

Received By: _____

Date 12-5-2025

(L3)



GEAUGA PUBLIC HEALTH

12611 Ravenwood Dr., Suite 301, Chardon, OH 44024-1071

March 3, 2026

Hunan by the Falls
508 East Washington Street
Chagrin Falls, Ohio 44022

Re: Suspension of food service operation license for failure to correct violations at Hunan by the Falls, 508 East Washington Street, Chagrin Falls

Below is a summary of the issues present at the location:

A Standard Inspection occurred on 1/4/24. The following violations were found: 3717-1-02.2 (C)- employees were not washing their hands, 3717-1-06.2 (B)- no hand soap was present at the hand sink, 3717-1-03.2 (C)- Raw chicken in freezer had cardboard box on top of it, 3717-1-04.5 (A)(1)- soda gun had mold present inside it, 3717-1-3.4 (F)(1)(b)- walk-in cooler was not holding at 41F or less, 3717-3.2 (Q)- food was stored on the floor, 3717-1-03.2 (K)- Ice scoop was stored incorrectly, 3717-1-04.5 (A)(3)- food and dirt debris on and in equipment, and 3717-1-06.4 (B)- food and dirt debris present on floors.

A reinspection occurred on 1/17/24. 3717-04.5 (A)(3)- food and dirt debris was still present on equipment, specifically the walk-in cooler shelving.

A Standard Inspection occurred on 8/15/24. The following violations were found: 3717-1-02.2 (C)- employees were not washing their hands, 3717-1-06.2 (B)- there was not hand soap present at the hand sink, 3717-1-06.2 (C)- there were no paper towels at the hand sink to allow for proper hand drying, 3717-1-04.4 (N)(1)- the dish machine was not dispensing any determined amount of sanitizer, 3717-1-04.2 (I)- test strips were not available, 3717-1-04.5 (A)(3)- food equipment was soiled, and 3717-1-06.4 (B)- food and dirt debris were present on the floor.

A reinspection occurred on 9/3/24. At that inspection, 3717-1-03.4 (C)- improper thawing of fish and pork was noted.

A Standard Inspection occurred on 1/22/25. The following violations were noted: 3717-1-02.2 (C)- employees were not washing their hands, 3717-1-06.2 (B)- no hand soap was present at the hand sink, 3717-1-06.2 (C)- no paper towels were present at the hand sink, 3717-1-03.2 (C)-raw chicken was stored

over raw beef, 3717-1-03.2 (Q)- food was stored on the floor, 3717-1-03.2 (K)- ice scoop was stored incorrectly, 3717-1-04.5 (A)(3)- food and dirt debris present on equipment, especially the walk-in cooler, 3717-1-05.1 (S)- hand sink was leaking, and 3717-1-06.4 (B)- food and dirt debris on the floors.

A Standard Inspection occurred on 7/23/25. The following violations were noted: 3717-1-02.2 (C)- employees were not washing their hands, 3717-06.2 (B)- no soap was present at the hand sink, 3717-1-06.2 (C)- no paper towels were present at the hand sink, 3717-1-03.2 (Q)- food stored on the floor, 3717-1-03.2 (K)- ice scoop stored improperly, 3717-1-04 (A)- foods stored in used cardboard boxes, 3717-1-04.5 (D)- food and dirt debris on equipment, specifically the walk-in, the hood, and the cookline equipment, and 3717-1-06.4 (B)- food and dirt debris on the floor throughout.

A reinspection occurred on 8/13/25. The following violations were noted: 3717-1-3.2 (C)- raw meats stored incorrectly, 3717-1-3.2 (Y)- foods stored uncovered, 3717-1-3.2 (Q)- food stored on the floor of the walk-in cooler, 3717-1-04 (A)- foods stored in used cardboard boxes, 3717-1-04.5 (D) food and dirt debris on walk-in and cooking equipment, and 3717-1-06.4 (B)- food and dirt debris on walls.

A reinspection occurred on 9/24/25. The following violations were noted: 3717-1-03.2 (C)- raw meats stored incorrectly, 3717-1-04.5 (A)(1)- mold growth present in ice machine, 3717-1-07.1 (A)- chemicals stored incorrectly, 3717-1-06.1 (K)- pest strips placed incorrectly, 3717-1-03.2 (Q)- food stored on the floor, 3717-1-03.2 (Y)- food stored uncovered, 3717-1-04 (A)- food stored in cardboard boxes, 3717-1-04.5 (D)- cooking equipment was soiled, 3717-1-05.1 (D)- ice machine drain line was not air-gapped, 3717-1-05.4 (P)- chemicals stored in refuse area, 3717-1-06.4 (A)- floor tiles were damaged, and 3717-1-06.4 (B)- dirt and food debris on walls and floors.

An office hearing was held on 10/03/25. At that meeting the inspection history was discussed. Aileen Chan stated that changes had been completed to correct all of the violations. A reinspection was to be conducted within two weeks of 11/4/25.

A reinspection occurred on 11/7/25. The following violations were noted: 3717-1-03.2 (J)- cooked meats were sitting directly in the hand sink, 3717-1-02.2 (C)- employees were not washing their hands, 3717-06.2 (B)- no soap was present at the hand sink, 3717-1-06.2 (C)- no paper towels were present at the hand sink, 3717-1-03.2 (C)- raw meats stored incorrectly, 3717-1-03.2 (K)- in use utensils stored incorrectly, 3717-1-03.2 (T)- personal items were stored on food and food contact items, 3717-1-04.5(A)(1)- mold growth present in ice machine, 3717-1-05.1 (O)(2)- the hand sink was being used as a food preparation sink, 3717-1-07.1 (A)- chemicals stored incorrectly, 3717-1-03.2 (Q)- food stored on the floor, 3717-1-03.2 (Y)- food stored uncovered, 3717-1-04 (A)- food stored in cardboard boxes, 3717-1-04.5 (D)- cooking equipment was soiled, and 3717-1-06.4 (B)- dirt and food debris on walls and floors.

The Geauga Board of Health was notified of the ongoing unsanitary practices occurring in the establishment during the November 19, 2025 Board of Health Meeting. The Geauga Board of Health decided that two inspections would occur between 11/21/25 through 12/15/25. Repeated failure to meet the Ohio Uniform Food Code during these inspections would result in the Board of Health moving

forward with suspension or revocation of the food license at the December 17, 2025 Board of Health meeting.

The first of two inspections occurred on 11/25/25. It should be noted that the facility was aware of this inspection. The following violations were noted: 3717-1-02.4 (B)(1)- Demonstration of knowledge, 3717-1-02.3 (A)- staff eating and drinking in kitchen, 3717-1-02.2 (C)- no employees washed their hands during inspection, 3717-1-04.5 (A)(1) multiple food contact items with food debris, 3717-1-04.5 (B)(3)- food contact items were not cleaned at the proper frequency, 3717-1-03.6- dented cans of food were found, 3717-1-03.4 (F)(1)(a)- hot TCS food being held without temperature control, 3717-1-03.4 (F)(1)(b)- garlic in oil at room temperature, 3717-1-03.4 (G)- ready to eat food was not date marked, 3717-1-03.4 (I)(2)- improperly using time as a public health control-4 hour limit and without written procedures, 3717-1-07 (B)- improperly labeled chemical sprayer, 3717-1-06.1 (M)- hole present in exterior wall/vent not screened, 3717-1-03.2 (Q)- single use container in food product as a multi-use scoop, 3717-1-03.2 (M)- wiping cloths not in sanitizer, 3717-1-04.4 (S)- single use containers being re-used, 3717-1-04.1 (H)- nonfood contact surfaces not cleanable, 3717-1-04.4 (A)(2)- gasket broken on walkin cooler door, 3717-1-04.4 (B)- broken cutting surface on cutting board, 3717-1-04 (A)- food cooked in a bag that is not meant to be cooked in, 3717-1-04.1 (C)- broken food contact items that are not cleanable, 3717-1-04.5 (D) nonfood contact items were dirty, 3717-1-05.4 (N)- dumpster lids were missing, 3717-1-06.4 (B)- food/grease build up on hood, floor, floor/wall junctions.

The second (unannounced) inspection occurred on 12/11/25. The following violations were noted: 3717-1-03.4 (I)(1)- written procedures were not available for time as a public health control, 3717-1-04.5 (D) nonfood contact scale was soiled. Discussion was held with the operator regarding time in lieu of temperature requirements. As a result of the historical violations, increased inspection frequency was also discussed with the operator.

At the December 17, 2025 Geauga Board of Health meeting a decision was made to not suspend the food license at that time. The Board of Health requested that monthly inspections occur for three months to monitor the conditions within the facility.

A follow-up inspection was conducted on 1/20/26. The following violations were noted: 3717-1-03.2 (C)- raw eggs were stored over ready to eat foods, 3717-1-04.5 (D)- dirt/grease accumulation on prep cooler doors, 3717-1-06.2 (H)- no toilet tissue in men's room, and 3717-1-06.4 (B)- water and food debris on the floor.

A Standard inspection was conducted on 2/26/26. The following violations were noted: 3717-1-02.4 (B)(1)- Person in Charge was unable to demonstrate knowledge by having no critical violations, 3717-1-02.4 (C)(17)- Person in Charge was not following approved plans for time as a public health control, 3717-1-03.2 (C)- Packaged food in contact with ice dripping from walkin freezer condenser, 3717-1-04.5 (A)(1)- clean meat cutter/tenderizer had food debris on it, 3717-1-04.4 (N)(3)- sanitizer bucket had no sanitizer in the water, 3717-1-03 (3)(I)- soup reheated to 125 F found in hot holding well, 3717-1-03.4 (I)(2)- fried noodles (to be held with time as a public health control) were labeled 2:30 pm to discard at

