

County of Santa Clara

Department of Environmental Health

Consumer Protection Division

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 www.ehinfo.org



OFFICIAL INSPECTION REPORT

Facility FA0272212 - LHCF - MISSION SKILLED NURSING & SUB-ACU		Site Address 410 N WINCHESTER BL, SANTA CLARA, CA 95050		Inspection Date 11/24/2025		Placard Color & Score GREEN 100		
Program PR0411744 - FOOD PREP / FOOD SVC OP 6-25 EMPLOYEES RC 2 - FP13			Owner Name COVENANT CARE CALIFORNIA		Inspection Time 09:50 - 11:00			
Inspected By FARHAD AMIR-EBRAHIMI		Inspection Type ROUTINE INSPECTION		Consent By MARIA CALDERON				FSC Maria Calderon 09/08/27

RISK FACTORS AND INTERVENTIONS		IN	OUT		COS/SA	N/O	N/A	PBI
			Major	Minor				
K01	Demonstration of knowledge; food safety certification	X						
K02	Communicable disease; reporting/restriction/exclusion	X						S
K03	No discharge from eyes, nose, mouth	X						
K04	Proper eating, tasting, drinking, tobacco use	X						
K05	Hands clean, properly washed; gloves used properly	X						S
K06	Adequate handwash facilities supplied, accessible	X						S
K07	Proper hot and cold holding temperatures	X						
K08	Time as a public health control; procedures & records						X	
K09	Proper cooling methods						X	
K10	Proper cooking time & temperatures					X		
K11	Proper reheating procedures for hot holding					X		
K12	Returned and reservice of food					X		
K13	Food in good condition, safe, unadulterated	X						
K14	Food contact surfaces clean, sanitized	X						
K15	Food obtained from approved source	X						
K16	Compliance with shell stock tags, condition, display						X	
K17	Compliance with Gulf Oyster Regulations						X	
K18	Compliance with variance/ROP/HACCP Plan						X	
K19	Consumer advisory for raw or undercooked foods						X	
K20	Licensed health care facilities/schools: prohibited foods not being offered	X						
K21	Hot and cold water available	X						
K22	Sewage and wastewater properly disposed	X						
K23	No rodents, insects, birds, or animals	X						

GOOD RETAIL PRACTICES		OUT	COS
K24	Person in charge present and performing duties		
K25	Proper personal cleanliness and hair restraints		
K26	Approved thawing methods used; frozen food		
K27	Food separated and protected		
K28	Fruits and vegetables washed		
K29	Toxic substances properly identified, stored, used		
K30	Food storage: food storage containers identified		
K31	Consumer self service does prevent contamination		
K32	Food properly labeled and honestly presented		
K33	Nonfood contact surfaces clean		
K34	Warewash facilities: installed/maintained; test strips		
K35	Equipment, utensils: Approved, in good repair, adequate capacity		
K36	Equipment, utensils, linens: Proper storage and use		
K37	Vending machines		
K38	Adequate ventilation/lighting; designated areas, use		
K39	Thermometers provided, accurate		
K40	Wiping cloths: properly used, stored		
K41	Plumbing approved, installed, in good repair; proper backflow devices		
K42	Garbage & refuse properly disposed; facilities maintained		
K43	Toilet facilities: properly constructed, supplied, cleaned		
K44	Premises clean, in good repair; Personal/chemical storage; Adequate vermin-proofing		
K45	Floor, walls, ceilings: built, maintained, clean		
K46	No unapproved private home/living/sleeping quarters		
K47	Signs posted; last inspection report available		

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K48	Plan review	
K49	Permits available	
K58	Placard properly displayed/posted	

Comments and Observations

Major Violations

No major violations were observed during this inspection.

Minor Violations

No minor violations were observed during this inspection.

Performance-Based Inspection Questions

All responses to PBI questions were satisfactory.

Measured Observations

Item	Location	Measurement	Comments
Quat	Pail	200.00 PPM	
Cheese	3-door cooler	41.00 Fahrenheit	
Chlorine	Dishwasher	50.00 PPM	
Meat	Freezer	14.00 Fahrenheit	
Water	3-comp sink	125.00 Fahrenheit	
Milk	Walk-in cooler	40.00 Fahrenheit	

Overall Comments:

Site Evaluation

BUSINESS NAME: The Win Post Acute

OWNER: Imola Holdings, LLC

The permit application has been completed for an Environmental Health Permit.

The permit category for this facility is FP13. An invoice for the permit fee in the amount of \$1,435.00 (permit fee of \$1,148.00 plus 25% penalty of \$287.00 for operating without a valid permit) will be mailed to the billing address on the application. Payment must be submitted within 10 days of receipt of the invoice. The owner is responsible for contacting our department if an invoice is not received and remit payment within 30 days.

The Environmental Health Permit will be effective: 12/01/25 – 11/30/26 This report serves as a temporary permit. However, the permit will be deemed invalid if the permit fee is not paid in full within 30 days from the date of this report. Okay to Operate.

An official permit will be mailed to the address on file and shall be posted in public view upon receipt.

When required to determine compliance, a single reinspection will be conducted without additional charge. If subsequent reinspections are required, an hourly fee (minimum one hour) at the current rate approved by the Board of Supervisors will be assessed for each and every reinspection until the necessary changes or corrections are made. Unless otherwise noted by the inspector, all violations are to be corrected no later than **12/8/2025**. Any major change in menu or any change in ownership must have prior approval by this Department. This may require structural and/or equipment changes or remodeling to accommodate new operations.

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Legend:

[CA]	Corrective Action
[COS]	Corrected on Site
[N]	Needs Improvement
[NA]	Not Applicable
[NO]	Not Observed
[PBI]	Performance-based Inspection
[PHF]	Potentially Hazardous Food
[PIC]	Person in Charge
[PPM]	Part per Million
[S]	Satisfactory
[SA]	Suitable Alternative
[TPHC]	Time as a Public Health Control



Received By: Maria Calderon

Signed On: November 24, 2025